

SERFF Tracking Number: AGLA-128230015 State: Arkansas  
 Filing Company: American General Life and Accident Insurance Company State Tracking Number:  
 Company Tracking Number: AGLA 12UCG  
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
 Adjustable Life  
 Product Name: AGLA 12UCG Flexible Premium Adjustable Life Insurance Policy  
 Project Name/Number: AGLA 12UCG Flexible Premium Adjustable Life Insurance Policy/AGLA 12UCG

## Filing at a Glance

Company: American General Life and Accident Insurance Company  
 Product Name: AGLA 12UCG Flexible Premium SERFF Tr Num: AGLA-128230015 State: Arkansas  
 Adjustable Life Insurance Policy  
 TOI: L09I Individual Life - Flexible Premium SERFF Status: Closed-Approved- State Tr Num:  
 Adjustable Life Closed  
 Sub-TOI: L09I.001 Single Life Co Tr Num: AGLA 12UCG State Status: Approved-Closed  
 Filing Type: Form Reviewer(s): Linda Bird  
 Author: Marilyn Ellis Disposition Date: 04/16/2012  
 Date Submitted: 04/04/2012 Disposition Status: Approved-Closed  
 Implementation Date Requested: On Approval Implementation Date:  
 State Filing Description:

## General Information

Project Name: AGLA 12UCG Flexible Premium Adjustable Life Insurance Policy Status of Filing in Domicile: Pending  
 Project Number: AGLA 12UCG Date Approved in Domicile:  
 Requested Filing Mode: Review & Approval Domicile Status Comments:  
 Explanation for Combination/Other: Market Type: Individual  
 Submission Type: New Submission Individual Market Type:  
 Overall Rate Impact: Filing Status Changed: 04/16/2012  
 State Status Changed: 04/16/2012  
 Deemer Date: Created By: Marilyn Ellis  
 Submitted By: Marilyn Ellis Corresponding Filing Tracking Number: AGLA 12UCG  
 Filing Description:  
 AGLA 12UCG Flexible Premium Adjustable Life Insurance Policy  
 AGLA 12UCG M Insert Page 22/23 – Table of Continuation Guarantee Monthly Cost of Insurance Rates Per \$1,000 of Continuation Guarantee Net Amount At Risk (NOTE: Use this table when the value of CG Account 3 is not zero) and Table of Guaranteed Cash Value Factors Per \$1,000 of Specified Amount  
 AGLA 12UCG F Insert Page 22/23 – Table of Continuation Guarantee Monthly Cost of Insurance Rates Per \$1,000 of

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Continuation Guarantee Net Amount At Risk (NOTE: Use this table when the value of CG Account 3 is not zero) and  
Table of Guaranteed Cash Value Factors Per \$1,000 of Specified Amount

AGLA 12UCG M1 Insert Page 24/25 – Table of Continuation Guarantee Account Factors Per \$1,000 of Specified  
Amount and Table of Guaranteed Monthly Cost of Insurance Rates Per \$1,000 of Net Amount At Risk

AGLA 12UCG F1 Insert Page 24/25 – Table of Continuation Guarantee Account Factors Per \$1,000 of Specified Amount  
and Table of Guaranteed Monthly Cost of Insurance Rates Per \$1,000 of Net Amount At Risk

The above policy is being submitted for your review and approval. It is new and does not replace any form previously  
approved by your department.

AGLA 12UCG will not be marketed with an illustration. The policy is sex-distinct and the Company confirms it will not be  
issued in any employer-employee plans that are subject to the Norris decision and/or Title VII of the Civil Rights Act of  
1964.

AGLA 12UCG is an individual, nonparticipating flexible premium adjustable life insurance policy. The policy is a no-  
lapse guarantee to age 121 provided by Continuation Guarantee Accounts. There will be three CG Accounts (CG1,  
CG2 and CG3). The CG Account Value is the sum of CG1, CG2 and CG3. The CG Account Value is: (a) an alternate  
policy value that is not used in determining the actual values under the policy and does not provide additional policy  
value or Death Benefit Proceeds; (b) a reference value used to determine whether or not the CG benefit is in effect; (c)  
designed to continue death benefit coverage even when the cash surrender value is not large enough to cover monthly  
deductions; (d) calculated in the same manner as the actual policy accumulation value, but using different charges and  
interest rates.

The policy will remain in force even when the cash surrender value under the policy is not sufficient to provide for the  
monthly deduction and any loan interest due as long as the CG Account value is greater than or equal to zero.

There will be a Monthly Expense Charge associated with the Initial Specified Amount and each increase in Specified  
Amount of the policy. The initial Monthly Expense Charge rates applicable to the Initial Specified Amount are shown in  
the Policy Schedule. These rates may be adjusted, but will never be greater than the guaranteed Monthly Expense  
Charge rates applicable to the Initial Specified Amount shown in the Policy Schedule.

A Monthly Administrative Fee will be deducted from the Accumulation Value of the policy. The amount of the monthly  
fee may be adjusted, but will never be greater than the guaranteed Monthly Administrative Fee shown in the Policy  
Schedule.

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AGLA 12UCG M and AGLA 12UCG F are insert pages containing the Table of Continuation Guarantee Monthly Cost of Insurance Rates Per \$1,000 of Continuation Guarantee Net Amount At Risk to be used if the CG Account 3 is not zero on Page 22 which varies by male and female and the Table of Guaranteed Cash Value Factors Per \$1,000 of Specified Amount on Page 23. Insert page AGLA 12UCG M will be used with issues for a male insured and AGLA 12UCG F will be used with issues for a female insured.

AGLA 12UCG M1 and AGLA 12UCG F1 are insert pages containing the Table of Continuation Guarantee Account Factors Per \$1,000 of Specified Amount on Page 24 and the Table of Guaranteed Monthly Cost of Insurance Rates Per \$1,000 of Net Amount At Risk on Page 25 which varies by male and female. Insert page AGLA 12UCG M1 will be used with issues for a male insured and AGLA 12UCG F1 will be used with issues for a female insured.

Additional Policy Schedules for policy AGLA 12UCG showing sample ratings are enclosed.

A Statement of Variability is also enclosed for the policy. In addition, a sample annual statement and policy summary are enclosed for informational purposes.

Unless otherwise informed, we reserve the right to change the layout of the enclosed forms, including sequential ordering of provisions, type font, size and color.

State Narrative:

## Company and Contact

### Filing Contact Information

Kathryn Mitchell, Kathryn.Mitchell@aglife.com  
American General Center 615-749-1139 [Phone]  
Nashville, TN 37250-0001

### Filing Company Information

American General Life and Accident Insurance CoCode: 66672 State of Domicile: Tennessee  
Company  
American General Center Group Code: Company Type: L&H  
Nashville, TN 37250-0001 Group Name: State ID Number:  
(615) 749-1139 ext. [Phone] FEIN Number: 62-0306330

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## Filing Fees

|                  |                           |
|------------------|---------------------------|
| Fee Required?    | Yes                       |
| Fee Amount:      | \$250.00                  |
| Retaliatory?     | No                        |
| Fee Explanation: | 5 forms x \$50 = \$250.00 |
| Per Company:     | No                        |

PDF Pipeline for SERFF Tracking Number AGLA-128230015 Generated 04/16/2012 10:09 AM

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TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life Adjustable Life

Product Name: AGLA 12UCG Flexible Premium Adjustable Life Insurance Policy

Project Name/Number: AGLA 12UCG Flexible Premium Adjustable Life Insurance Policy/AGLA 12UCG

## Correspondence Summary

### Dispositions

| Status          | Created By | Created On | Date Submitted |
|-----------------|------------|------------|----------------|
| Approved-Closed | Linda Bird | 04/16/2012 | 04/16/2012     |

### Objection Letters and Response Letters

| Objection Letters         |            |            |                | Response Letters |            |                |
|---------------------------|------------|------------|----------------|------------------|------------|----------------|
| Status                    | Created By | Created On | Date Submitted | Responded By     | Created On | Date Submitted |
| Pending Industry Response | Linda Bird | 04/12/2012 | 04/12/2012     | Marilyn Ellis    | 04/16/2012 | 04/16/2012     |

*SERFF Tracking Number:*      *AGLA-128230015*      *State:*      *Arkansas*  
*Filing Company:*      *American General Life and Accident Insurance Company*      *State Tracking Number:*  
*Company Tracking Number:*      *AGLA 12UCG*  
*TOI:*      *L09I Individual Life - Flexible Premium*      *Sub-TOI:*      *L09I.001 Single Life*  
*Adjustable Life*  
*Product Name:*      *AGLA 12UCG Flexible Premium Adjustable Life Insurance Policy*  
*Project Name/Number:*      *AGLA 12UCG Flexible Premium Adjustable Life Insurance Policy/AGLA 12UCG*

## **Disposition**

Disposition Date: 04/16/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Project Name/Number: AGLA 12UCG Flexible Premium Adjustable Life Insurance Policy/AGLA 12UCG

| Schedule            | Schedule Item   | Schedule Item Status | Public Access |
|---------------------|---|----------------------|---------------|
| Supporting Document | Flesch Certification  |                      | Yes           |
| Supporting Document | Application   |                      | Yes           |
| Supporting Document | Health - Actuarial Justification  |                      | No            |
| Supporting Document | Outline of Coverage   |                      | No            |
| Supporting Document | Sample Annual Report  |                      | Yes           |
| Supporting Document | Sample Statement of Policy Cost and Benefit Information   |                      | Yes           |
| Supporting Document | Statement of Variability  |                      | Yes           |
| Supporting Document | Specification Page Variations by Risk Class   |                      | Yes           |
| Supporting Document | Actuarial Memorandum & Attachments  |                      | No            |
| Supporting Document | Rule & Regulation 34 Certification  |                      | Yes           |
| Form                | Flexible Premium Adjustable Life Insurance Policy   |                      | Yes           |
| Form                | Insert Page 22/23 – Table of Continuation Guarantee Monthly Cost of Insurance Rates Per \$1,000 of Continuation Guarantee Net Amount At Risk  |                      | Yes           |
| Form                | Insert Page 22/23 – Table of Continuation Guarantee Monthly Cost of Insurance Rates Per \$1,000 of Continuation Guarantee Net Amount At Risk  |                      | Yes           |
| Form                | Insert Page 24/25 – Table of Continuation Guarantee Account Factors Per \$1,000 of Specified Amount and Table of Guaranteed Monthly Cost of Insurance Rates Per \$1,000 of Net Amount At Risk |                      | Yes           |
| Form                | Insert Page 24/25 – Table of Continuation Guarantee Account Factors Per \$1,000 of Specified Amount and Table of Guaranteed Monthly Cost of Insurance Rates Per \$1,000 of Net Amount At Risk |                      | Yes           |

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 04/12/2012  
Submitted Date 04/12/2012  
Respond By Date 05/14/2012

Dear Kathryn Mitchell,

This will acknowledge receipt of the captioned filing.

### Objection 1

Comment: Filings of "universal life" type contracts are subject to Regulation 34. Please assure us that you are in compliance with Regulation 34. If cost of insurance may be changed by the company subject to a maximum and/or accumulation rates may be changed by the company subject to a minimum, then the contract must comply with Bulletin 11-83.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird



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## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 04/16/2012  
Submitted Date 04/16/2012

Dear Linda Bird,

### Comments:

Thank you for your review and comments.

### Response 1

Comments: I have added the Rule & Regulation 34 Certification under the Supporting Documentation Tab. I apologize this was not submitted with the initial filing.

### Related Objection 1

Comment:

Filings of "universal life" type contracts are subject to Regulation 34. Please assure us that you are in compliance with Regulation 34. If cost of insurance may be changed by the company subject to a maximum and/or accumulation rates may be changed by the company subject to a minimum, then the contract must comply with Bulletin 11-83.

### Changed Items:

#### Supporting Document Schedule Item Changes

Satisfied -Name: Rule & Regulation 34 Certification

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

If I may be of further assistance, please let me know.

Sincerely,  
Marilyn Ellis

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## Form Schedule

### Lead Form Number: AGLA 12UCG

| Schedule Item Status | Form Number   | Form Type Form Name  | Action  | Action Specific Data | Readability | Attachment   |
|----------------------|---------------|--|---------|----------------------|-------------|--|
|                      | AGLA 12UCG    | Policy/Cont Flexible Premium ract/Fratern Adjustable Life Insurance Policy Certificate   | Initial |                      | 50.700      | UL with Continuation Guarantee (AGLA 12UCG) - Arkansas.pdf |
|                      | AGLA 12UCG M  | Policy/Cont Insert Page 22/23 – ract/Fratern Table of Continuation al Guarantee Monthly Certificate: Cost of Insurance Amendmen Rates Per \$1,000 of t, Insert Continuation Page, Guarantee Net Endorseme Amount At Risk nt or Rider | Initial |                      | 0.000       | Male Tables (AGLA 12UCG M) - Non-Compact.pdf               |
|                      | AGLA 12UCG F  | Policy/Cont Insert Page 22/23 – ract/Fratern Table of Continuation al Guarantee Monthly Certificate: Cost of Insurance Amendmen Rates Per \$1,000 of t, Insert Continuation Page, Guarantee Net Endorseme Amount At Risk nt or Rider | Initial |                      | 0.000       | Female Tables (AGLA 12UCG F) - Non-Compact.pdf             |
|                      | AGLA 12UCG M1 | Policy/Cont Insert Page 24/25 – ract/Fratern Table of Continuation al Guarantee Account Certificate: Factors Per \$1,000 Amendmen of Specified Amount  | Initial |                      | 0.000       | Male Tables (AGLA 12UCG M1) - Non-Compact.pdf              |

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|             |   |       |  |              |
|-------------|---|-------|--|--------------|
| t, Insert   | and Table of                            |       |  |              |
| Page,       | Guaranteed Monthly                      |       |  |              |
| Endorseme   | Cost of Insurance                       |       |  |              |
| nt or Rider | Rates Per \$1,000 of                    |       |  |              |
|             | Net Amount At Risk                      |       |  |              |
| AGLA        | Policy/Cont Insert Page 24/25 – Initial | 0.000 |  | Female       |
| 12UCG F1    | ract/Fratern Table of Continuation      |       |  | Tables (AGLA |
|             | al Guarantee Account                    |       |  | 12UCG F1) -  |
|             | Certificate: Factors Per \$1,000        |       |  | Non-         |
|             | Amendmen of Specified Amount            |       |  | Compact.pdf  |
| t, Insert   | and Table of                            |       |  |              |
| Page,       | Guaranteed Monthly                      |       |  |              |
| Endorseme   | Cost of Insurance                       |       |  |              |
| nt or Rider | Rates Per \$1,000 of                    |       |  |              |
|             | Net Amount At Risk                      |       |  |              |

## American General Life and Accident Insurance Company

[American General Center • Nashville, Tennessee 37250-0001]

(A STOCK COMPANY)

[1-800-888-2452] or [www.agla.com]

**The benefits, values, periods of coverage and premiums for this Policy are on an indeterminate basis.**

This Policy is a legal contract between You, the Owner, and Us, American General Life and Accident Insurance Company. As with any other contract, You should **READ THIS POLICY CAREFULLY**.

**We, Us, Our** and **Company** refer to American General Life and Accident Insurance Company. **You** and **Your** refer to the Owner of this Policy.

### POLICY DATA

**Insured** - [John Doe]

**Policy Number** - [123456789]

**Age** - [35]

**Date of Issue** - [April 1, 2012]

**Gender** - [Male]

**Initial Specified Amount** - [\$100,000]

**Beneficiary** - See Application

**TWENTY\* DAYS TO EXAMINE POLICY.** If You are not satisfied with this Policy for any reason, You may return the Policy to Us or to Our authorized agent within 20\* days after You receive it. If You do so, We will cancel this Policy and refund the premium that was paid. \*(If the application for this Policy indicates replacement, the number of days is thirty days, or longer if required by applicable law in the state where the Policy is issued for delivery.)

Signed for American General Life and Accident Insurance Company at Nashville, Tennessee.

[

[SECRETARY]

[

[PRESIDENT]

**FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY**  
**DEATH BENEFIT PROCEEDS PAYABLE AT DEATH OF INSURED BEFORE THE MATURITY DATE**  
**FLEXIBLE PREMIUMS PAYABLE TO THE MATURITY DATE**  
**NONPARTICIPATING**

## CONTENTS OF POLICY

|   |        |   |         |
|---|--------|---|---------|
| Policy Data                             | Page 1 | Continuation Guarantee                  | Page 11 |
| Policy Schedule                         | Page 3 | Policy Loans                            | Page 14 |
| Definitions                             | Page 4 | Settlement Options                      | Page 16 |
| The Owner And The Beneficiary           | Page 4 | General Provisions                      | Page 18 |
| Premium Payments                        | Page 5 | Table Of Continuation Guarantee Monthly |         |
| Death Benefit And Death Benefit Options | Page 6 | Cost Of Insurance Rates Per \$1,000     |         |
| Changing Your Insurance Policy          | Page 7 | Of Continuation Guarantee Net           |         |
| Policy Values                           | Page 7 | Amount At Risk                          | Page 21 |

Any additional benefit riders, any endorsements, a copy of the application, and any supplemental applications are included after Page 25.

## POLICY PROVISIONS IN ALPHABETICAL ORDER

|  |         |   |         |
|--|---------|---|---------|
| Accumulation Value On Any Day Other Than A Monthly Deduction Day | Page 8  | How We Calculate Monthly Deductions For Continuation Guarantee Accounts   | Page 12 |
| Accumulation Value On Each Monthly Deduction Day                 | Page 7  | How We Calculate The Cost Of Insurance For Continuation Guarantee Benefit | Page 12 |
| Accumulation Value On The Date Of Issue                          | Page 7  | How We Calculate The Cost Of Insurance For The Basic Policy               | Page 8  |
| Age And Gender Incorrectly Stated                                | Page 18 | Incontestability  | Page 18 |
| Annual Report  | Page 19 | Interest Rate   | Page 10 |
| Assigning Your Policy  | Page 18 | Limitations   | Page 16 |
| Beneficiary  | Page 4  | Loan Balance  | Page 14 |
| Cash Surrender Value   | Page 8  | Loan Interest   | Page 14 |
| Cash Value   | Page 8  | Maximum Net Amount At Risk  | Page 5  |
| Change Of Owner Or Beneficiary                                   | Page 5  | Maximum Premium   | Page 5  |
| Changes In Continuation Guarantee Accounts                       | Page 13 | Misstatement Of Non-Use Of Tobacco And/Or Nicotine                        | Page 19 |
| Changes In Rates, Charges And Fees                               | Page 9  | Monthly Administration Fee  | Page 9  |
| Changing The Terms Of Your Policy                                | Page 7  | Monthly Deductions  | Page 8  |
| Common Disaster  | Page 4  | Monthly Expense Charge  | Page 9  |
| Continuation Guarantee Account Values                            | Page 11 | No Dividends  | Page 19 |
| Continuation Guarantee Benefit                                   | Page 11 | Owner   | Page 4  |
| Continuation Guarantee Death Benefit Amount                      | Page 13 | Partial Surrender   | Page 10 |
| Continuation Guarantee Interest Rates                            | Page 13 | Payment Of Cash Surrender Value Benefit                                   | Page 10 |
| Continuation Guarantee Net Amount at Risk                        | Page 12 | Periodic Payments   | Page 16 |
| Continuation Guarantee Partial Surrender                         | Page 13 | Planned Periodic Premium  | Page 5  |
| Continuation Guarantee Policy Loans                              | Page 13 | Policy Loan   | Page 14 |
| Continuation Guarantee Premium Expense Charge                    | Page 12 | Preferred Loans   | Page 14 |
| Continuation Guarantee Specified Amount                          | Page 12 | Premium Expense Charge  | Page 5  |
| Contract   | Page 18 | Proceeds  | Page 5  |
| Cost Of Insurance For Benefits Provided By Riders                | Page 9  | Quote Request   | Page 20 |
| Cost Of Insurance Rate   | Page 9  | Reduction In Specified Amount Due To Acceleration Of Death Benefit        | Page 13 |
| Date Of Issue  | Page 18 | Referenced Premium  | Page 5  |
| Death Benefit Factor   | Page 6  | Reinstatement   | Page 20 |
| Death Benefit Proceeds   | Page 6  | Repayment Of Loan Balance   | Page 14 |
| Death Of Payee   | Page 16 | Rights Reserved By Us   | Page 20 |
| Decreasing The Specified Amount                                  | Page 7  | Settlement Options  | Page 16 |
| Definitions  | Page 4  | Statutory Basis Of Policy Values  | Page 19 |
| Election Of Options  | Page 16 | Suicide Exclusion   | Page 18 |
| Full Surrender   | Page 10 | Surrender Charge  | Page 10 |
| Grace Period   | Page 10 | Unscheduled Additional Premiums   | Page 5  |
| How We Calculate A Monthly Deduction                             | Page 8  | When This Policy Terminates   | Page 20 |
|  |         | Where To Pay  | Page 5  |

## TABLES IN ALPHABETICAL ORDER

|   |         |
|---|---------|
| Death Benefit Factors, Table Of   | Page 6  |
| Continuation Guarantee Monthly Cost Of Insurance Rates Per \$1,000 Of Continuation Guarantee Net Amount At Risk, Table Of | Page 21 |
| Continuation Guarantee Account Factors Per \$1,000 Of Specified Amount, Table Of  | Page 24 |
| Guaranteed Cash Value Factors Per \$1,000 Of Specified Amount, Table Of   | Page 23 |
| Guaranteed Monthly Cost Of Insurance Rates Per \$1,000 Of Net Amount At Risk, Table Of                                    | Page 25 |
| Surrender Charges Per \$1,000 Of Initial Specified Amount, Table Of   | Page 3A |

# POLICY SCHEDULE

## Schedule of Benefits

### BASIC POLICY

Flexible Premium Adjustable Life Insurance

### Years Payable

[86]

### Monthly Cost of Insurance

See Page 20

## Schedule of Premiums & Expense Charges

Premium Class - [Standard – Non-Tobacco]  
Initial Premium - [\$900.00]  
Planned Periodic Premium - [\$900.00]  
Due Date (for Planned Periodic Premium) - [1<sup>st</sup> Day of Each April]  
Deduction Day - [1<sup>st</sup> Day of Each Month]  
Referenced Premium - [\$825.00]

|  | Guaranteed         | Initial  |
|--|--------------------|----------|
| Premium Expense Charge Percentage Applied to Cumulative Premium Amount Paid in a Policy Year Which is Less Than or Equal to Referenced Premium - | [10.00%]           | [7.50%]  |
| Premium Expense Charge Percentage Applied to Cumulative Premium Amount Paid in a Policy Year Which is Greater Than Referenced Premium -          | [10.00%]           | [7.50%]  |
| Monthly Administration Fee -   | [\$20.00]          | [\$7.70] |
| Monthly Expense Charge Rate Per \$1,000 of Initial Specified Amount -  | [\$0.30]           | [\$0.30] |
| Monthly Expense Charge Duration -  | [All Policy Years] |          |

## Decreases in Specified Amount

Minimum Specified Amount - [\$45,000]

## Surrenders

Partial Surrender Charge - [\$25]  
Surrender Charge Period - [19] Years  
Minimum Cash Surrender Value After Partial Surrender - [\$250.00]

## POLICY SCHEDULE

(Continued)

|   |
|---|
| <b>Table of Surrender Charges per \$1,000 of Initial Specified Amount</b> |
|---|

| Year of Surrender | Surrender Charge per \$1,000 | Year of Surrender | Surrender Charge per \$1,000 |
|-------------------|------------------------------|-------------------|------------------------------|
| [1                | [\$19.52]                    | [11               | [\$16.14]                    |
| 2                 | [ 19.37]                     | 12                | [ 14.34]                     |
| 3                 | [ 19.22]                     | 13                | [ 12.55]                     |
| 4                 | [ 19.05]                     | 14                | [ 10.76]                     |
| 5                 | [ 18.88]                     | 15                | [ 8.97]                      |
| 6                 | [ 18.70]                     | 16                | [ 7.17]                      |
| 7                 | [ 18.52]                     | 17                | [ 5.38]                      |
| 8                 | [ 18.33]                     | 18                | [ 3.59]                      |
| 9                 | [ 18.13]                     | 19                | [ 1.79]                      |
| 10]               | [ 17.93]                     | 20+]              | [ 0.00]                      |

The above charges apply to each \$1,000 of the Initial Specified Amount surrendered during the Surrender Charge Period. The charge for Surrender of all or any portion of the Initial Specified Amount will be equal to the rate shown above multiplied by the number of thousands of the Initial Specified Amount being surrendered. There will be a charge not to exceed the Partial Surrender Charge shown in the Surrenders section above for each Partial Surrender.

|                        |
|------------------------|
| <b>Mortality Table</b> |
|------------------------|

2001 Commissioners Standard Ordinary Male or Female, Composite ALB Mortality Table to Attained Age 19. Thereafter, the 2001 Commissioners Standard Ordinary Male or Female, Smoker or Nonsmoker ALB Mortality Table will apply.

|                                 |
|---------------------------------|
| <b>Guaranteed Interest Rate</b> |
|---------------------------------|

**Guaranteed Interest Rate** - 0.16516% per month, compounded monthly

(This is equivalent to 2% per year, compounded annually.)

|              |
|--------------|
| <b>Loans</b> |
|--------------|

**Annual Policy Loan Interest Rate** - 8.00%

**Preferred Loan Start Date** - [10<sup>th</sup> Policy Anniversary]

|                                    |
|------------------------------------|
| <b>Accumulation Value Interest</b> |
|------------------------------------|

Interest at the rate declared by Us will be applied to any Accumulation Value in excess of any Loan Balance. Interest at the guaranteed rate will be credited to the amount of any outstanding Loan Balance less any Preferred Loan Balance. Interest at a rate declared by Us will be credited to the amount of any outstanding Preferred Loan Balance.

## POLICY SCHEDULE

(Continued)

|  |
|--|
| <b>Continuation Guarantee Accounts</b> |
|--|

| <b>Continuation Guarantee Account</b> | <b>Account Interest Rate</b> |
|---------------------------------------|------------------------------|
| CG Account 1                          | [6.40%]                      |
| CG Account 2                          | [6.20%]                      |
| CG Account 3                          | [2.00%]                      |

**Continuation Guarantee Premium Expense Charge Percentage:**

**Premium Expense Charge Percentage Applied to  
Cumulative Premium Amount Paid in a Policy Year  
Which is Less Than or Equal to Referenced Premium** - [7.50%]

**Premium Expense Charge Percentage Applied to  
Cumulative Premium Amount Paid in a Policy  
Year Which is Greater Than Referenced Premium** - [30.00%]

**Continuation Guarantee Death Benefit Factor** - [1.0024663]  
**Continuation Guarantee Monthly Expense Charge** - [\$30.00]  
**Continuation Guarantee Monthly Expense Charge Duration Period** - [All Policy Years]  
**Continuation Guarantee Monthly Administrative Fee** - [\$20.00]

|                      |
|----------------------|
| <b>Maturity Date</b> |
|----------------------|

[April 1, 2098]

|   |
|---|
| Coverage may expire prior to the Maturity Date shown where either (1) no additional premiums are paid following payment of the Initial Premium or (2) subsequent premiums are insufficient to continue coverage to maturity and the requirements of the Continuation Guarantee have not been met. The duration of coverage will depend on the amount, timing and frequency of premium payments, the interest rate credited, cost of insurance charges, any loans or withdrawals, acceptance of benefits under an accelerated death benefit rider attached to this Policy and policy decreases. If coverage continues to maturity, it is possible that there may be little or no Cash Surrender Value to be paid on that date. |
|---|



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## DEFINITIONS

**Age** means age on the Insured's last birthday as shown in the Policy Data on Page 1.

**Attained Age** means the Insured's Age plus the number of full years from the Date of Issue.

**Home Office** means Our main office located at the American General Center in Nashville, Tennessee 37250-0001, or such other location that We may elect.

**Loan Balance** means the sum of any unpaid Policy Loans and accrued Loan Interest.

**Net Amount At Risk** means the excess of the Death Benefit Amount over the Accumulation Value of this Policy.

**Net Premium** means the premium paid minus the Premium Expense Charge.

**Planned Periodic Premium** means the amount and frequency of premium payments You selected.

**Policy Anniversary** means the date exactly one year subsequent to the Date of Issue of the Policy and the same date in each subsequent year.

**Preferred Loan** means a policy loan that is made at a net cost to You that is less than the net cost of other policy loans.

**Specified Amount** means the amount of insurance in effect on a specified date.

**Unscheduled Additional Premiums** means a deposit of an amount in excess of the Planned Periodic Premiums.

## THE OWNER AND THE BENEFICIARY

### OWNER

The Insured is the Owner of this Policy unless otherwise stated in the application, or later changed. A minor Insured who is not the Owner will automatically become the Owner on his or her 18<sup>th</sup> birthday or upon the death of the Owner, whichever occurs earlier. You may have this Policy endorsed so that this change of ownership will occur at a different time. You must request this endorsement before the Insured's 18<sup>th</sup> birthday.

As Owner, You may exercise all rights in this Policy while the Insured is living. If You are without legal capacity, We will allow Your rights to be exercised by:

- (a) the legally appointed guardian responsible for Your property; or
- (b) a person who We determine is responsible for Your welfare and support.

To exercise Your rights, You must follow the procedures stated in this Policy. All elections, designations, changes and requests must be made in writing and in a form acceptable to Us.

If You want to request a payment, change a Beneficiary, change an address or request any other action by Us, You should do so on the forms prepared for each purpose. You may get these forms, and advice regarding any questions You might have, from one of Our authorized agents or directly from Our Home Office.

### BENEFICIARY

The Beneficiaries for this Policy are as stated in the application, unless later changed. Each Beneficiary is classified as a First or Second Beneficiary. All surviving Beneficiaries of the same class will share equally in any payments to that class, unless otherwise stated.

We will pay the Death Benefit Proceeds under this Policy to any First Beneficiaries surviving the Insured. If no First Beneficiaries survive the Insured, We will pay any Second Beneficiaries surviving the Insured. If no stated Beneficiary is living when the Insured dies, We will pay:

- (a) the executor or administrator of the Insured's estate; or
- (b) the spouse, child or parent of the Insured who We determine is entitled to payment.

If any Beneficiary is without legal capacity, We can pay his or her share of the Proceeds to any person who We determine is responsible for his or her welfare and support. Such payment will discharge Our liability for that payment.

### COMMON DISASTER

If We cannot determine whether a Beneficiary or the Insured died first in a common disaster, We will assume that the Beneficiary died first. Proceeds will be paid on this basis unless an endorsement to this Policy provides otherwise.

## THE OWNER AND THE BENEFICIARY

(Continued)

### PROCEEDS

Proceeds mean the amount payable:

- (a) on the Maturity Date; or
- (b) on exercise of the Full Surrender benefit; or
- (c) on the Insured's death as Death Benefit Proceeds.

The Proceeds on the Maturity Date will be the Cash Surrender Value. The Proceeds on the Insured's death will be the Death Benefit Amount less any outstanding Loan Balance.

All Proceeds and Partial Surrender benefits are subject to the provisions of the Settlement Options section and the other provisions of this Policy.

### CHANGE OF OWNER OR BENEFICIARY

You may change the Owner or the Beneficiary at any time during the lifetime of the Insured unless the previous designation provides otherwise. We can require that any change be endorsed on Your Policy.

Unless otherwise specified by the Owner, any change will be effective as of the date the change request was signed, except that it will not apply to any payment We make or any action We take before We record the request in Our Home Office.

## PREMIUM PAYMENTS

Premium payments are flexible. This means You may choose the amount and frequency of payments, subject to the limitations below.

The actual amount and frequency of premium payments will affect the Cash Values and the amount and duration of insurance. (See the Policy Values section for a detailed explanation.)

### PLANNED PERIODIC PREMIUM

The amount and Due Date of the Planned Periodic Premium You selected is shown on the Policy Schedule. The Initial Premium is due on the Date of Issue. Subsequent Planned Periodic Premiums are due on each Due Date. You may request a change in the amount and frequency. We may limit the amount of any increase. (See the Maximum Premium provision.)

### UNSCHEDULED ADDITIONAL PREMIUMS

You may pay Unscheduled Additional Premiums at any time before the Maturity Date shown on the Policy Schedule. We may limit the number and amount of Unscheduled Additional Premiums. (See the Maximum Premium and Maximum Net Amount At Risk provisions.)

### MAXIMUM PREMIUM

The Maximum Premium payment under this Policy will not be less than the greater of:

- (a) the amount that will continue to qualify this Policy as life insurance; or
- (b) the amount necessary to keep the Policy in force.

We reserve the right to refund the excess of any premium payment made over the Maximum Premium amount that would cause this Policy to fail to qualify as life insurance under Section 7702 of the Internal Revenue Code, unless the premium is necessary to continue coverage under this Policy.

### MAXIMUM NET AMOUNT AT RISK

We reserve the right to refund any premium that may cause an immediate increase in the Net Amount at Risk. We may automatically process a Partial Surrender or reduce the Death Benefit Amount, both of which may have federal tax consequences, if the Net Amount at Risk exceeds Our limitations.

### WHERE TO PAY

You may make Your payments to Us at Our Home Office or to an authorized agent. A receipt signed by an officer of the Company will be furnished upon request.

### REFERENCED PREMIUM

The Referenced Premium is used to determine the amount of Premium Expense Charge and Continuation Guarantee Premium Expense Charge deducted from each premium payment during a policy year. The Referenced Premium for the Initial Specified Amount and any benefit riders in force on the Date of Issue is shown on the Policy Schedule. The Referenced Premium will be recalculated for any changes to the Policy's Specified Amount and/or any benefit rider after the Date of Issue. Any changes to the Referenced Premium will be provided in an endorsement to this Policy.

### PREMIUM EXPENSE CHARGE

The Premium Expense Charge is calculated by multiplying the premium paid by the appropriate Premium Expense Charge Percentage. The initial Premium Expense Charge Percentages are shown on the Policy Schedule. The Premium Expense Charge Percentages may be adjusted, but will never be more than the guaranteed Premium Expense Charge Percentages shown on the Policy Schedule.

## DEATH BENEFIT AND DEATH BENEFIT OPTIONS

### DEATH BENEFIT PROCEEDS

If the Insured dies prior to the Maturity Date and while this Policy is in force, We will pay the Death Benefit Proceeds to the Beneficiary after We receive due proof (certified copy of the death certificate, or other lawful evidence providing equivalent information) and proper written claim showing proof of the claimant's interest in the Proceeds. The Death Benefit Proceeds will be subject to any decreases made to the Specified Amount. The Initial Specified Amount is shown in the Policy Data on Page 1.

Guidelines for changing the Specified Amount can be found in the section entitled "Changing Your Insurance Policy."

Any premium received after the date of death will be refunded and will not be included in the Accumulation Value for purposes of calculating the Death Benefit Proceeds.

The Death Benefit Proceeds will be equal to:

- (a) the Death Benefit Amount of the Policy, after adjusting for any premium received after the date of the Insured's death; less
- (b) any premium amount due if the Insured's death occurs during the Grace Period; less
- (c) any Loan Balance; plus
- (d) the amount payable under any riders attached to this Policy; plus
- (e) any interest as determined below.

We will pay the Death Benefit Proceeds which become payable under this Policy upon the Insured's death as

soon as reasonably possible. We will credit interest at an annual rate of 8 percent on the Death Benefit Proceeds after 30 days from the date when proof of death is received in Our Home Office until payment is made.

The Death Benefit Amount will be the greater of:

- (a) the Specified Amount on the date of death; or
- (b) the Accumulation Value on the date of death multiplied by the applicable Death Benefit Factor.

### DEATH BENEFIT FACTOR

The Death Benefit Factor will be based on the Insured's Attained Age on each Policy Anniversary as shown in the following table.

| Table of Death Benefit Factors |        |          |        |          |        |
|--------------------------------|--------|----------|--------|----------|--------|
| Attained                       |        | Attained |        | Attained |        |
| Age                            | Factor | Age      | Factor | Age      | Factor |
| 0-40                           | 2.50   | 54       | 1.57   | 68       | 1.17   |
| 41                             | 2.43   | 55       | 1.50   | 69       | 1.16   |
| 42                             | 2.36   | 56       | 1.46   | 70       | 1.15   |
| 43                             | 2.29   | 57       | 1.42   | 71       | 1.13   |
| 44                             | 2.22   | 58       | 1.38   | 72       | 1.11   |
| 45                             | 2.15   | 59       | 1.34   | 73       | 1.09   |
| 46                             | 2.09   | 60       | 1.30   | 74       | 1.07   |
| 47                             | 2.03   | 61       | 1.28   | 75-90    | 1.05   |
| 48                             | 1.97   | 62       | 1.26   | 91       | 1.04   |
| 49                             | 1.91   | 63       | 1.24   | 92       | 1.03   |
| 50                             | 1.85   | 64       | 1.22   | 93       | 1.02   |
| 51                             | 1.78   | 65       | 1.20   | 94       | 1.01   |
| 52                             | 1.71   | 66       | 1.19   | 95-120   | 1.00   |
| 53                             | 1.64   | 67       | 1.18   |          |        |

## CHANGING YOUR INSURANCE POLICY

You may request a decrease in the Specified Amount to become effective any time after the first Policy Anniversary. Your request must be submitted to Our Home Office in writing.

### DECREASING THE SPECIFIED AMOUNT

Any decrease will go into effect on the monthly Deduction Day following the day We receive the request. The Death Benefit Amount remaining in effect after any decrease cannot be less than the greater of:

- (a) the Minimum Specified Amount shown on the Policy Schedule; or

- (b) any Death Benefit Amount required to qualify this Policy as life insurance under applicable tax laws.

Any decrease in Specified Amount will be subject to applicable Surrender Charges on a pro rata basis, and any remaining Surrender Charge will be reduced on a pro rata basis.

### CHANGING THE TERMS OF YOUR POLICY

Any change in Your Policy must be approved by one of Our officers. No agent has the authority to make any changes or waive any of the terms of Your Policy.

## POLICY VALUES

### ACCUMULATION VALUE ON THE DATE OF ISSUE

The Accumulation Value on the Date of Issue will be:

- (a) the Net Premium received; less
- (b) the Monthly Deduction for the first Policy Month. (See the How We Calculate A Monthly Deduction provision.)

The first Deduction Day is the Date of Issue. The monthly Deduction Day is shown on the Policy Schedule.

### ACCUMULATION VALUE ON EACH MONTHLY DEDUCTION DAY

On each monthly Deduction Day after the Date of Issue, We will determine the Accumulation Value as follows:

- (a) We will take the Accumulation Value as of the last monthly Deduction Day; and
- (b) add all Net Premiums received since the last monthly Deduction Day; and

- (c) add the interest earned for the month (interest will be applied for the entire month on the excess of the Accumulation Value on the last monthly Deduction Day over any Partial Surrenders made since the last monthly Deduction Day); and
- (d) subtract any Partial Surrender made and any charges for Partial Surrenders since the last monthly Deduction Day; and
- (e) subtract any Surrender Charge assessed as a result of a decrease in Specified Amount effective on the monthly Deduction Day; and
- (f) subtract the Monthly Deduction for the Policy Month following the monthly Deduction Day. (See the How We Calculate A Monthly Deduction provision.)

## POLICY VALUES

(Continued)

### ACCUMULATION VALUE ON ANY DAY OTHER THAN A MONTHLY DEDUCTION DAY

The Accumulation Value on any day other than a monthly Deduction Day will be:

- (a) the Accumulation Value as of the last monthly Deduction Day; plus
- (b) all Net Premiums received since the last monthly Deduction Day; less
- (c) any Partial Surrenders paid and any charges for Partial Surrenders since the last monthly Deduction Day.

### CASH VALUE

The Cash Value of this Policy is equal to the greater of:

- (a) the Accumulation Value less the Surrender Charge, if any; or
- (b) the product of the following amounts:
  - (1) the Specified Amount divided by 1,000; multiplied by
  - (2) the applicable Guaranteed Cash Value Factor shown in the table on Page 23; multiplied by
  - (3) the lesser of: (i) 1; or (ii) the Continuation Guarantee Account Value divided by the Referenced Continuation Guarantee Account Value.

The Referenced Continuation Guarantee Account Value is equal to:

- (a) the Specified Amount divided by 1,000; multiplied by
- (b) the applicable Continuation Guarantee Account Factor shown in the table on Page 24.

However, the Cash Value will always be equal to the Accumulation Value, less any applicable Surrender Charge, if;

- (a) the Insured's Premium Class is changed after the Policy is issued; or
- (b) this Policy is reinstated.

### CASH SURRENDER VALUE

The Cash Surrender Value of this Policy will be equal to the Cash Value less any Loan Balance.

### MONTHLY DEDUCTIONS

Unless this Policy is being continued in force under the Continuation Guarantee Benefit, a Monthly Deduction from the Accumulation Value may be made only if the Accumulation Value less any Surrender Charge and less any Loan Balance is equal to or greater than the Monthly Deduction. Each Monthly Deduction deducted from the Accumulation Value will cause an equal reduction in the Cash Surrender Value. If the Accumulation Value less any Surrender Charge and less any Loan Balance on a monthly Deduction Day is not sufficient to meet the Monthly Deduction for the current month, this Policy will be subject to the Grace Period and Continuation Guarantee provisions.

### HOW WE CALCULATE A MONTHLY DEDUCTION

Each Monthly Deduction includes:

- (a) the cost of insurance provided by the basic Policy for the Initial Specified Amount; and
- (b) the cost of insurance for benefits provided by riders; and
- (c) the Monthly Administration Fee; and
- (d) the Monthly Expense Charge.

### HOW WE CALCULATE THE COST OF INSURANCE FOR THE BASIC POLICY

We calculate the cost of insurance at the beginning of each Policy Month on the monthly Deduction Day. First, the Accumulation Value is calculated on the monthly Deduction Day, but before subtracting the Monthly Deduction for the Policy Month following the monthly Deduction Day. The cost of insurance is determined, for the Initial Specified Amount, as follows:

- (a) Divide the Death Benefit Amount on the Deduction Day by 1.00 plus the monthly Guaranteed Interest Rate as shown on the Policy Schedule; and
- (b) reduce the result in (a) by the amount of the Accumulation Value allocated to the Initial Specified Amount; and
- (c) multiply the result in step (b) by the cost of insurance rate per \$1,000 of Net Amount at Risk, as provided in the Cost Of Insurance Rate provision; and
- (d) divide the result in step (c) by 1,000.

## POLICY VALUES

(Continued)

### **COST OF INSURANCE FOR BENEFITS PROVIDED BY RIDERS**

The cost of insurance for benefits provided by riders will be as stated on the Policy Schedule.

### **MONTHLY ADMINISTRATION FEE**

An administration fee will be deducted monthly. The initial Monthly Administration Fee is shown on the Policy Schedule. The amount of the monthly fee may be adjusted, but will never be greater than the guaranteed Monthly Administration Fee shown on the Policy Schedule.

### **MONTHLY EXPENSE CHARGE**

There will be a Monthly Expense Charge associated with the Initial Specified Amount during the Monthly Expense Charge Duration shown on the Policy Schedule.

The Monthly Expense Charge for the Initial Specified Amount is calculated as follows:

- (a) Multiply the Initial Specified Amount on the Date of Issue by the Monthly Expense Charge Rate per \$1,000 of Initial Specified Amount for the applicable year; and
- (b) divide the result by 1,000.

The initial Monthly Expense Charge rates applicable to the Initial Specified Amount are shown in the Policy Schedule. These rates may be adjusted, but will never be greater than the guaranteed Monthly Expense Charge rates applicable to the Initial Specified Amount as shown in the Policy Schedule.

Any decrease in Specified Amount will not change any Monthly Expense Charge then in effect.

### **COST OF INSURANCE RATE**

The cost of insurance rate for the Initial Specified Amount is based on the Insured's:

- (a) Gender; and
- (b) Age last birthday on the Date of Issue; and
- (c) Age last birthday on each Policy Anniversary; and

- (d) premium class shown on the Policy Schedule, associated with the Initial Specified Amount; and

- (e) total Specified Amount in force.

A table of guaranteed monthly cost of insurance rates is included in this Policy. We can use cost of insurance rates that are lower than the guaranteed rates. Any change in rates will apply to all similar policies in the same rate class as this Policy. The rate class of this Policy is determined on its Date of Issue according to:

- (a) the calendar year of issue and Policy Anniversary; and
- (b) the plan of insurance; and
- (c) the amount of insurance; and
- (d) the Age, Gender and premium class of the Insured.

For an Insured with an Attained Age of 20 or greater, the Cost of Insurance Rates and the Guaranteed Cost of Insurance Rates for this Policy differ between an Insured who uses tobacco and/or nicotine in any form and an Insured who does not use tobacco and/or nicotine in any form. Ninety (90) days prior to the Policy Anniversary on or next following the Insured's 20<sup>th</sup> birthday, We will mail a notice of Premium Class determination to You at the last address available to Us. Such notice will consist of an explanation of the different premium classes and any necessary forms for changing the Premium Class of the Policy, if applicable. If You do not respond to the notice or return the forms, the Insured will be classified as an Insured who uses tobacco and/or nicotine in any form.

### **CHANGES IN RATES, CHARGES AND FEES**

Any redetermination of the cost of insurance rates, interest rates, Premium Expense Charge Percentage, Monthly Administration Fee, or Monthly Expense Charge will be based on Our future expectations as to investment earnings, mortality, persistency, expenses, reinsurance costs, and state and federal taxes or other factors. We will not change these rates or charges in order to recoup any prior losses.

# POLICY VALUES

(Continued)

## INTEREST RATE

The Guaranteed Interest Rate used in calculating the Accumulation Value is shown on the Policy Schedule. We can use interest rates greater than the Guaranteed Interest Rate to calculate Accumulation Values.

Interest credited to the Accumulation Value in excess of the guaranteed rate becomes nonforfeitable except for surrender charges.

We can, at Our option, apply different rates of interest to that portion of the Accumulation Value which equals the amount of Loan Balance, but they cannot be less than the Guaranteed Interest Rate.

## GRACE PERIOD

The Grace Period is the 61-day period that follows a monthly Deduction Day or an Annual Policy Loan Interest due date if:

- (a) the Accumulation Value less any Surrender Charge and less any Loan Balance is not enough to pay the Monthly Deduction and any loan interest due; and
- (b) the requirements of the Continuation Guarantee provisions have not been met.

There is no Grace Period for the initial Monthly Deduction.

We will give You at least 31 days notice prior to termination that Your Policy is in the Grace Period and advise You of the amount of premium required to keep Your Policy in force. This 31-day prior notice will be sent to You at Your last address of record as shown in Our Home Office records, if any. If the Policy enters the Grace Period on a monthly Deduction Day when the Continuation Guarantee is not in force, the premium paid must be sufficient to produce an Accumulation Value less any Surrender Charge and less any Loan Balance that satisfies the Monthly Deductions and any loan interest due during the 61-day Grace Period. If the amount required to keep Your Policy in force is not remitted within the Grace Period, this Policy will terminate without value. Any payment sent by U.S. mail must be postmarked within the Grace Period. If death occurs during the Grace Period, the amount due through the Policy Month in which death occurred will be deducted from the Proceeds.

## FULL SURRENDER

Subject to the terms of The Owner And The Beneficiary section, You may return Your Policy to Us and request its Cash Surrender Value at any time during the Insured's lifetime before the Maturity Date and while this Policy is in force. The Cash Surrender Value will be calculated as of the day We receive Your request. If

surrender takes place within 31 days after a Policy anniversary, the Cash Surrender Value will not be less than it was on that anniversary. However, calculation of the Cash Surrender Value will take into account any Partial Surrender, Policy Loan and/or Monthly Deduction taken within those 31 days.

## PARTIAL SURRENDER

At any time after the fifth policy year and prior to the Maturity Date, You may request withdrawal of a portion of the Cash Surrender Value of the Policy. The remaining Cash Surrender Value must be at least as much as Minimum Cash Surrender Value After Partial Surrender shown on the Policy Schedule. For Partial Surrenders to be processed on a Deduction Day, Your written request must be received by Us prior to the Maturity Date and at least ten days prior to such Deduction Day.

A Partial Surrender will result in a reduction of the Cash Value, Accumulation Value, Continuation Guarantee Account Value, Specified Amount and Death Benefit Amount.

The Cash Value will be reduced by the amount of the Partial Surrender. The Accumulation Value, Continuation Guarantee Account Value, and the Specified Amount will be reduced in the same proportion as the reduction in Cash Value.

The Specified Amount remaining after this reduction must not be less than the Minimum Specified Amount shown on the Policy Schedule. A requested Partial Surrender will not be allowed if it would cause a reduction in the Death Benefit Amount such that the Policy would fail to qualify as life insurance under Section 7702 of the Internal Revenue Code.

The charge for each Partial Surrender will not exceed the Partial Surrender Charge shown on the Policy Schedule.

## SURRENDER CHARGE

The Surrender Charge applicable to the Initial Specified Amount is described in the Table of Surrender Charges per \$1,000 of Initial Specified Amount shown in the Policy Schedule. Such Surrender Charge will apply if the Initial Specified Amount is surrendered or reduced during the Surrender Charge Period.

## PAYMENT OF CASH SURRENDER VALUE BENEFIT

We can defer payment of Cash Surrender Values for up to six months, or the period allowed by law, whichever is less. However, We cannot delay payment of a partial surrender if the amount is to be used to pay a premium to Us.



# CONTINUATION GUARANTEE

## CONTINUATION GUARANTEE BENEFIT

The Continuation Guarantee Benefit is a benefit designed to prevent this Policy from entering the Grace Period and to continue coverage if this Policy's Accumulation Value, less any Surrender Charge and less any Loan Balance is less than the amount of this Policy's current Monthly Deduction. The Continuation Guarantee Benefit will remain in effect if the Continuation Guarantee Account Value is greater than or equal to zero.

The Continuation Guarantee Benefit does not provide any additional policy value or Death Benefit Proceeds under this Policy.

## CONTINUATION GUARANTEE ACCOUNT VALUES

There are three related Continuation Guarantee Accounts (CG Account 1, CG Account 2, and CG Account 3) that are used in calculating the Continuation Guarantee Account Values.

The Continuation Guarantee Account Value is equal to:

- (a) the value of the CG Account 1; plus
- (b) the value of the CG Account 2; plus
- (c) the value of the CG Account 3.

The Continuation Guarantee Account Value is an alternate value that is not used in determining the actual values of this Policy. It is simply a reference value used to determine whether or not the Continuation Guarantee Benefit is in effect.

During the first Policy year, the initial Net Premium will be credited to CG Account 1. Any additional Net Premiums received during the first Policy year will be credited to CG Account 1, unless the Continuation Guarantee Account Value is less than or equal to zero. In such case, the Net Premium will be credited to CG Account 3.

After the first Policy year, the Net Premium will be credited according to the following rules:

- (a) If the Continuation Guarantee Account Value is zero on the prior Policy anniversary date, all Net Premium received until the following Policy anniversary date will be credited to CG Account 3.
- (b) If the Continuation Guarantee Account Value is less than or equal to zero on the date the Net Premium is received, such Net Premium will be credited to CG Account 3.

- (c) Otherwise, the Net Premium is credited to CG Account 2.

On each monthly Deduction Day, We will determine the value for each Continuation Guarantee Account as follows:

- (a) We will take the value of the Continuation Guarantee Account as of the last monthly Deduction Day; and
- (b) add all Net Premiums credited to such Continuation Guarantee Account since the last monthly Deduction Day; and
- (c) add the interest earned for the Policy month; and
- (d) subtract any Partial Surrender made and any charges for Partial Surrenders since the last Deduction Day; and
- (e) subtract any Policy Loan taken since the last Deduction Day; and
- (f) subtract any pro-rata Surrender Charge;
- (g) subtract the Monthly Deduction for such Continuation Guarantee Account for the Policy month following the monthly Deduction Day; and
- (h) subtract the amount by which the Continuation Guarantee Account Value was reduced due to acceleration of the Death Benefit Proceeds under an accelerated death benefit rider attached to this Policy.

Any Net Premium received within the 28-day period following any monthly Deduction Day will be credited to the applicable Continuation Guarantee Account as if the Net Premium were received on the monthly Deduction Day.

If the source of any premium applied to the Continuation Guarantee Account is Cash Surrender Value applied from a policy issued by another company (External Rollover that qualifies under Section 1035 of the Internal Revenue Code), and it is received on or before the Monthly Deduction Day of the 12<sup>th</sup> month after the Date of Issue of the Policy, it will be applied to Continuation Guarantee Account 1 as if it were received on the Date of Issue of the Policy.

# CONTINUATION GUARANTEE

(Continued)

## HOW WE CALCULATE MONTHLY DEDUCTIONS FOR CONTINUATION GUARANTEE ACCOUNTS

Each Monthly Deduction for a Continuation Guarantee Account includes:

- (a) the cost of insurance provided by all three Continuation Guarantee Accounts; and
- (b) the cost of insurance for benefits provided by riders; and
- (c) the Continuation Guarantee Monthly Administration Fee shown on the Policy Schedule; and
- (d) the Continuation Guarantee Monthly Expense Charge, shown on the Policy Schedule, during the Continuation Guarantee Monthly Expense Charge Duration Period, shown on the Policy Schedule.

Monthly Deductions will be made from the Continuation Guarantee Accounts in the following order:

- (a) from CG Account 3 until it is reduced to zero; and
- (b) from CG Account 2 until it is reduced to zero; and
- (c) from CG Account 1 until it is reduced to zero.

Monthly Deductions will then be applied to CG Account 3 which will result in a Continuation Guarantee Account Value that is less than zero.

## HOW WE CALCULATE THE COST OF INSURANCE FOR CONTINUATION GUARANTEE BENEFIT

We calculate the Continuation Guarantee Cost Of Insurance at the beginning of each Policy month. The Continuation Guarantee Cost of Insurance is determined on the monthly Deduction Day, including the Date of Issue, as follows:

- (a) Multiply the Continuation Guarantee Net Amount at Risk by the Continuation Guarantee Cost of Insurance Rate per \$1,000; and

- (b) divide the result in step (a) by 1,000.

There are two tables of Continuation Cost of Insurance rates that will apply to the Continuation Guarantee Accounts. The table on Page 21 will apply on each monthly Deduction Day that the value of CG Account 3 is zero. The table on Page 22 will apply on each monthly Deduction Day that the value of CG Account 3 is not zero.

## CONTINUATION GUARANTEE NET AMOUNT AT RISK

The Continuation Guarantee Net Amount At Risk will be equal to the value resulting from the following calculation:

- (a) Divide the Continuation Guarantee Death Benefit Amount by the Continuation Guarantee Death Benefit Factor, as shown on the Policy Schedule; and
- (b) before subtracting the Monthly Deduction for each Continuation Guarantee Account, subtract from item (a) the greater of:
  - (1) zero; or
  - (2) the Continuation Guarantee Account Value plus any Loan Balance.

## CONTINUATION GUARANTEE SPECIFIED AMOUNT

The Continuation Guarantee Specified Amount is only used to determine the Continuation Guarantee Account Values. The Continuation Guarantee Specified Amount is the same as the Specified Amount for this Policy.

## CONTINUATION GUARANTEE PREMIUM EXPENSE CHARGE

The Continuation Guarantee Premium Expense Charge is calculated by multiplying the premium paid by the appropriate Continuation Guarantee Premium Expense Charge Percentage shown on the Policy Schedule.

# CONTINUATION GUARANTEE

(Continued)

## CONTINUATION GUARANTEE DEATH BENEFIT AMOUNT

The Continuation Guarantee Death Benefit Amount described below is only used to determine the Continuation Guarantee Account Value.

The Continuation Guarantee Death Benefit Amount is the greater of:

- (a) the Continuation Guarantee Specified Amount on the date of the Insured's death; or
- (b) the Continuation Guarantee Account Value, plus any Loan Balance on the date of the Insured's death, multiplied by the applicable Continuation Guarantee Death Benefit Factor shown on the Policy Schedule.

## CONTINUATION GUARANTEE INTEREST RATES

The Continuation Guarantee Account Interest Rate for the unloaned portion of each Continuation Guarantee Account is shown on the Policy Schedule. Continuation Guarantee Interest will begin to accumulate as of the date the Net Premium is credited. Any Net Premium received within the 28-day period following any monthly Deduction Day will be credited to each Continuation Guarantee Account as if the Net Premium were received on that monthly Deduction Day.

## CONTINUATION GUARANTEE PARTIAL SURRENDER

The Continuation Guarantee Account Value will be reduced in the same proportion as the reduction in the Cash Value or by the amount of the Partial Withdrawal, if greater.

When a Partial Surrender is taken, deductions will be made from the Continuation Guarantee Accounts in the following order:

- (a) from CG Account 3 until it is reduced to zero; and
- (b) from CG Account 2 until it is reduced to zero; and
- (c) from CG Account 1 until it is reduced to zero.

Deductions will then be applied to CG Account 3 which will result in a Continuation Guarantee Account Value that is less than zero.

## CONTINUATION GUARANTEE POLICY LOANS

When a Policy Loan is taken, deductions will be made from the Continuation Guarantee Accounts in the following order:

- (a) from CG Account 3 until it is reduced to zero; and
- (b) from CG Account 2 until it is reduced to zero; and
- (c) from CG Account 1 until it is reduced to zero.

Deductions will then be applied to CG Account 3 which will result in a Continuation Guarantee Account Value that is less than zero.

Loan repayments and interest credited to Policy Loans will be applied to CG Account 1, CG Account 2 and CG Account 3 in the same order as premium payments.

## REDUCTION IN SPECIFIED AMOUNT DUE TO ACCELERATION OF DEATH BENEFIT

If the Specified Amount of the Policy is reduced due to acceleration under an acceleration death benefit rider attached to this Policy, the Continuation Guarantee Account Value will be reduced in the same proportion as the reduction in the Specified Amount. The reduction in Continuation Guarantee Account Value will be deducted from the Continuation Guarantee Accounts in the following order:

- (a) from CG Account 3 until it is reduced to zero; and
- (b) from CG Account 2 until it is reduced to zero; and
- (c) from CG Account 1 until it is reduced to zero.

Deductions will then be applied to CG Account 3 which will result in a Continuation Guarantee Account Value that is less than zero.

## CHANGES IN CONTINUATION GUARANTEE ACCOUNTS

The Continuation Guarantee charges and interest rates shown on the Policy Schedule for the Continuation Guarantee Accounts may change if the Premium Class of the Policy is changed. A decrease in the Specified Amount of the Policy will be subject to any applicable pro-rata surrender charges. A decrease in Specified Amount of the Policy will not change the Continuation Guarantee Monthly Expense Charge then in effect.

# POLICY LOANS

## POLICY LOAN

At any time while this Policy is in force, You may obtain a Policy Loan on this Policy if there is any amount available for loan. This Policy is the only security for the Policy Loan and must be assigned to Us. The amount of the Policy Loan cannot be more than the Accumulation Value less any Surrender Charge, less the following amounts:

- (a) any existing Loan Balance; and
- (b) any loan interest to the next Policy Anniversary or next premium due date, whichever is earlier.

We can defer a Policy Loan for up to six months from the date We receive Your request, except for any Policy Loan made to pay a premium to Us.

Any payment on this Policy will be automatically applied as a loan repayment if a loan is outstanding, unless specified as a premium payment.

## LOAN INTEREST

Interest on a Policy Loan accrues daily at the Annual Policy Loan Interest Rate shown on the Policy Schedule. Interest is due on each Policy Anniversary and when a Policy Loan is repaid. If the interest is not paid when due, it will be added to the Policy Loan and will accrue additional interest at the same rate.

## LOAN BALANCE

We will deduct any Loan Balance from any amount payable under this Policy.

## REPAYMENT OF LOAN BALANCE

You may repay any part of the Loan Balance at any time while this Policy is in force. A Loan Balance that exists at the end of a Grace Period may not be repaid. (See the Reinstatement provision.)

## PREFERRED LOANS

Starting on the Preferred Loan Start Date shown on the Policy Schedule, this Policy will be eligible for Preferred Loans. The maximum amount eligible for Preferred Loans during a Policy year is as follows:

- (a) the Cash Surrender Value on a Policy Anniversary; less
- (b) the sum of premiums paid in excess of Partial Surrenders since the Date of Issue.

Interest credited to the amount of the Accumulation Value offset by a Preferred Loan:

- (a) will be at the annual effective rate that is equal to or less than the Policy Loan interest rate; and
- (b) will be at a higher rate than the rate used to credit interest to values offset by any other Policy Loan.

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# SETTLEMENT OPTIONS

Any amount payable under this Policy may be paid as a lump sum or applied under one or more of the following Settlement Options. The payee under any Settlement Option will be the person who would have received the amount applied if the Settlement Option had not been elected.

Any annuity benefits payable under a Settlement Option at their time of payment will not be less than the amount of a single premium immediate annuity that the cash surrender value would purchase at Our then-current rates for the same class of annuitants, whether the annuity benefits are payable in fixed or variable amounts or both.

We guarantee interest under these Settlement Options at the rate of two percent per year. The Settlement Option values are based on the Annuity 2000 Basic Tables, with Age at last birthday, projected with Scale G (50% male, 100% female) for a maximum of 20 years.

The amount of guaranteed income per \$1,000 applied to purchase the Settlement Option will be furnished upon request.

## **OPTION ONE - PAYMENTS OF INTEREST ONLY**

Periodic payments will be made of the interest credited on the amount applied.

## **OPTION TWO - PAYMENTS OF A CHOSEN AMOUNT**

Periodic payments for the amount chosen will be made until the amount applied, together with interest credited, is paid.

## **OPTION THREE - PAYMENTS FOR A CHOSEN PERIOD**

Periodic payments will be made so that the amount applied, together with interest credited, will be paid over the period chosen. The period must be at least five years and not more than 30 years.

## **OPTION FOUR - PAYMENT FOR LIFE WITH A GUARANTEED PERIOD**

The amount applied will be used to provide a life annuity with a guaranteed payment period. The guaranteed payment period must be 10 or 20 years. The payee must submit proof of Age satisfactory to Us.

## **OPTION FIVE - OTHER PLANS OF PAYMENTS FOR LIFE**

The amount applied will be used to provide a life annuity of any kind We issue on the date this option is elected. The payee must submit proof of Age satisfactory to Us.

## **PERIODIC PAYMENTS**

Monthly, quarterly, semiannual or annual periodic payments may be selected. However, each periodic payment must be at least equal to the minimum required under Our current rules at the time payments are made.

## **ELECTION OF OPTIONS**

Settlement Options may be elected or changed by:

- (a) You, while the Insured is living; or
- (b) the Beneficiary when the Insured dies and before any payments have been made.

Settlement Options Four and Five cannot be changed after the first payment is made.

You may request that the Policy be endorsed to prevent the Beneficiary from changing a Settlement Option You have elected. You must request this endorsement while the Insured is living.

We can require that any election, or later change of election, be endorsed on the Policy. Any election will be effective as of the date the election was signed, except that it will not apply to any payment We may make or any action We take before We record the election in Our Home Office.

## **LIMITATIONS**

We have the right to pay any amount payable under this Policy in a lump sum, rather than under a Settlement Option, if the payee is:

- (a) an assignee; or
- (b) a fiduciary; or
- (c) not a natural person (such as a corporation).

All Settlement Options will be subject to Our rules at the time payments under the Option begin. These include withdrawal rights, designation of payees, and evidence of Age and survival.

Settlement Options cannot be assigned. To the extent permitted by law, they will be exempt from the claims of creditors.

## **DEATH OF PAYEE**

If the payee dies and We have not agreed to other arrangements, We will pay to the payee's estate:

- (a) any unpaid amount applied and accrued interest under Option One; and
- (b) the discounted value of any remaining payments under Options Two and Three; and
- (c) the discounted value of any remaining guaranteed payments under Options Four and Five.

The discounted values for Options Two, Three, Four or Five will be calculated using the interest rate that was used to determine the amount of the annuity payments selected.

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## GENERAL PROVISIONS

### CONTRACT

The consideration for this contract is the application and payment of the first premium. In return, We promise to provide the insurance coverage described in this Policy.

The entire contract consists of:

- (a) the basic policy; and
- (b) the riders, if any, that add benefits to the basic policy; and
- (c) the endorsements, if any, to the Policy; and
- (d) the attached copy of Your application, and any amendments or supplemental applications.

All statements made by You for the Issue or reinstatement of a Policy shall, in the absence of fraud, be deemed representations and not warranties.

### DATE OF ISSUE

The Date of Issue of this Policy is shown in the Policy Data on Page 1. It is the date from which all premium Due Dates, Policy Years, Policy Anniversaries and Monthly Deduction dates are determined.

### ASSIGNING YOUR POLICY

During the lifetime of the Insured, You may assign this Policy as security for an obligation. We will not be bound by an assignment unless it is received in writing at Our Home Office. The assignment, unless otherwise specified by You, shall take effect on the date the notice of assignment is signed by You, subject to any payments made or actions taken by Us before such assignment was received. We will not be responsible for the validity of any assignment.

### INCONTESTABILITY

We rely on the statements made in the application for the Policy and applications for any reinstatements. No statement may be used in defense of a claim under the Policy unless it is in such applications.

Except as stated below, We cannot contest this Policy after it has been in force during the Insured's lifetime for two years from the Date of Issue.

If this Policy is reinstated, We cannot contest this Policy after it has been in force during the Insured's lifetime for two years from the date of reinstatement.

We can contest a reinstatement only on the basis of the information furnished in the application for such reinstatement.

Any contest of coverage shall be based on a statement contained in an application attached to this Policy and shall be material to the risk accepted or hazard assumed by Us.

This two-year limitation does not apply to fraud in the procurement of this Policy (when permitted by applicable law in the state where the Policy is delivered or issued for delivery), to any total and permanent disability or accidental death benefit, or to the nonpayment of premium.

### SUICIDE EXCLUSION

If the Insured takes his or her own life, while sane or insane, within two years from the Date of Issue, We will limit the Death Benefit Proceeds to the premiums paid less any Policy Loans and less any partial Cash Surrenders paid.

### AGE AND GENDER INCORRECTLY STATED

The Insured's Age and Gender on the Date of Issue are shown in the Policy Data on Page 1. If the Age or Gender of the Insured is incorrectly stated, We will adjust the Death Benefit Amount. The adjusted Death Benefit Amount will be the amount that would have been purchased by the most recent Monthly Deduction at the Insured's correct Attained Age and Gender.



## GENERAL PROVISIONS

(Continued)

### MISSTATEMENT OF NON-USE OF TOBACCO AND/OR NICOTINE

Notwithstanding any other provision in this Policy, if We determine during the first two years that this Policy is in force with respect to an Insured Person, that:

- (a) the Policy was issued in a Premium Class based upon a representation in the application of the Insured Person's non-use of tobacco and/or nicotine; and
- (b) the Insured Person's representation in the application for coverage regarding the non-use of tobacco and/or nicotine was incorrect; and
- (c) a corrected Premium class will be applied to such Insured Person; then

We may, using a corrected Premium Class,

- (a) adjust the Policy's Monthly Deduction, to reflect the corrected Premium Class; and
- (b) adjust the Death Benefit Proceeds of an Insured Person's coverage under this Policy to the amount that would have been purchased at the correct tobacco and/or nicotine use status.

In the adjustment of the Death Benefit Proceeds to reflect the correct tobacco and/or nicotine use status, We will consider the most recent mortality charge by adjusting the Net Amount At Risk by the ratio of the incorrect Cost of Insurance Rate to the Cost of Insurance Rate using the correct tobacco and/or nicotine use status. We will not make any retrospective recalculations to the Accumulation Value.

### STATUTORY BASIS OF POLICY VALUES

The Cash Values and any paid-up nonforfeiture benefits of the Policy are not less than the minimum values and benefit required by the NAIC Universal Life Insurance Regulation, model number 585. Cash Values, Guaranteed Costs of Insurance Rates and net single

premiums are based on the Mortality Table shown in the Policy Schedule for the appropriate Gender and Age last birthday. Continuous functions are used with interest at the Guaranteed Interest Rate shown on the Policy Schedule.

A detailed statement of the method of computing values and benefits has been filed with the insurance supervisory official of the state in which this Policy is delivered.

### NO DIVIDENDS

This Policy will not pay dividends. It will not participate in any of Our surplus or earnings.

### ANNUAL REPORT

We will send You at least once a year, without charge, an annual report which shows the following:

- (a) the beginning and end dates of the current report period; and
- (b) premiums paid; and
- (c) expense charges and partial surrender charges, if any, deducted; and
- (d) interest credited to Your Accumulation Value; and
- (e) the cost of insurance deducted; and
- (f) Partial Surrender benefits paid to You; and
- (g) the amount of any outstanding Policy Loan, if any, at the end of the current report period; and
- (h) the cost deducted for any riders; and
- (i) the Cash Surrender and Accumulation Values at the beginning and end of the current report period; and
- (j) the Death Benefit Amount at the beginning and end of the current reporting period.

## GENERAL PROVISIONS

(Continued)

### QUOTE REQUEST

At any time while this Policy is in force, the Owner may request from Us an in force quote of Policy Values or an illustration of Policy Values if an illustration of Policy Values is permitted. A reasonable fee, not to exceed \$50.00, may be charged for additional quotes or illustrations requested in the same Policy Year.

### WHEN THIS POLICY TERMINATES

This Policy will terminate if:

- (a) You request that this Policy be terminated; or
- (b) the Insured dies; or
- (c) the Policy matures; or
- (d) the Grace Period ends without receipt of the required payment to keep this Policy in force.

### REINSTATEMENT

We will reinstate this Policy at any time within five years after the end of the Grace Period and before the Maturity Date. To reinstate this Policy, You must:

- (a) present evidence of insurability for the Insured satisfactory to Us; and
- (b) pay enough premium to keep the Policy in force for two months without entering the Grace Period; and
- (c) repay or reinstate any Loan Balance outstanding at the time of termination, including any loan interest.

The reinstated Policy will be in force from the monthly Deduction Day on or next following the date We approve the reinstatement application. The schedules of Surrender Charges and Monthly Expense Charges in effect on the date the Policy lapsed will apply to the reinstated Policy.

The Accumulation Value at the time of reinstatement will be:

- (a) the Accumulation Value at the lapse date; plus

(b) the premiums paid at the time of reinstatement, less any applicable Premium Expense Charges; less

(c) an amount which is calculated as the difference in (1) and (2), where:

(1) is the Surrender Charge on the lapse date; and

(2) is the Surrender Charge on the reinstatement date.

This Policy will only be eligible for reinstatement with the Continuation Guarantee Benefit if:

- (a) this Policy and the Continuation Guarantee Benefit were in force until the date of lapse; and
- (b) this Policy was not surrendered for its Cash Surrender Value; and
- (c) We receive application for reinstatement within 90 days following the termination of this Policy.

If a person other than the Insured is covered by an attached rider, coverage will be reinstated according to the rider.

### RIGHTS RESERVED BY US

Upon notice to You, this Policy may be modified by Us, but only if such modification is necessary to make any changes as required by the Internal Revenue Code or by any other applicable law, regulation or interpretation in order to continue treatment of this Policy as life insurance under applicable tax law including, but not limited to, Section 7702 of the Internal Revenue Code.

Any request by You to change this Policy is subject to the terms and limitations of such applicable tax law as well.

When required by law, We will obtain Your approval of changes and We will gain approval from any appropriate regulatory authority.

**TABLE OF CONTINUATION GUARANTEE MONTHLY COST OF INSURANCE RATES  
PER \$1,000 OF CONTINUATION GUARANTEE NET AMOUNT AT RISK**

**NOTE: Use this table when the value of CG Account 3 is zero.**

| <b>POLICY YEAR</b> | <b>RATE</b> | <b>POLICY YEAR</b> | <b>RATE</b> |
|--------------------|-------------|--------------------|-------------|
| [1                 | 0.1018      | 44                 | 0.7797      |
| 2                  | 0.1099      | 45                 | 0.8750      |
| 3                  | 0.1187      | 46                 | 0.9795      |
| 4                  | 0.1282      | 47                 | 1.0996      |
| 5                  | 0.1384      | 48                 | 1.2259      |
| 6                  | 0.1495      | 49                 | 1.3635      |
| 7                  | 0.1614      | 50                 | 1.5171      |
| 8                  | 0.1743      | 51                 | 1.6915      |
| 9                  | 0.1882      | 52                 | 1.8871      |
| 10                 | 0.2032      | 53                 | 2.1046      |
| 11                 | 0.2194      | 54                 | 2.3417      |
| 12                 | 0.2303      | 55                 | 2.5966      |
| 13                 | 0.2419      | 56                 | 2.3857      |
| 14                 | 0.2539      | 57                 | 2.6024      |
| 15                 | 0.2667      | 58                 | 2.8329      |
| 16                 | 0.3131      | 59                 | 3.0815      |
| 17                 | 0.3288      | 60                 | 3.3505      |
| 18                 | 0.3453      | 61                 | 3.6402      |
| 19                 | 0.3626      | 62                 | 3.9122      |
| 20                 | 0.3806      | 63                 | 4.2099      |
| 21                 | 0.5193      | 64                 | 4.5367      |
| 22                 | 0.5455      | 65                 | 4.8967      |
| 23                 | 0.5728      | 66                 | 5.1656      |
| 24                 | 0.6015      | 67                 | 5.4492      |
| 25                 | 0.6316      | 68                 | 5.7483      |
| 26                 | 0.8386      | 69                 | 6.0639      |
| 27                 | 0.8809      | 70                 | 6.3968      |
| 28                 | 0.9250      | 71                 | 6.7480      |
| 29                 | 0.9713      | 72                 | 7.1184      |
| 30                 | 1.0197      | 73                 | 7.5092      |
| 31                 | 0.2167      | 74                 | 7.9214      |
| 32                 | 0.2387      | 75                 | 8.3564      |
| 33                 | 0.2607      | 76                 | 8.8151      |
| 34                 | 0.2845      | 77                 | 9.2991      |
| 35                 | 0.3093      | 78                 | 9.8096      |
| 36                 | 0.3393      | 79                 | 10.3482     |
| 37                 | 0.3729      | 80                 | 10.9164     |
| 38                 | 0.4174      | 81                 | 11.5157     |
| 39                 | 0.4645      | 82                 | 12.1480     |
| 40                 | 0.5142      | 83                 | 12.8149     |
| 41                 | 0.5686      | 84                 | 13.5184     |
| 42                 | 0.6284      | 85                 | 14.2606     |
| 43                 | 0.6979      | 86                 | 15.0435]    |

The rates shown above represent the Continuation Guarantee Monthly Cost of Insurance for each \$1,000 of Continuation Guarantee Net Amount at Risk. If this Policy has been issued in a rated premium class, the Continuation Guarantee Monthly Cost will be calculated as shown on the Policy Schedule.

**TABLE OF CONTINUATION GUARANTEE MONTHLY COST OF INSURANCE RATES  
PER \$1,000 OF CONTINUATION GUARANTEE NET AMOUNT AT RISK**

**NOTE: Use this table when the value of CG Account 3 is not zero.**

| ATTAINED<br>AGE | AGGREGATE |        | ATTAINED<br>AGE | TOBACCO | NO<br>TOBACCO | ATTAINED<br>AGE | TOBACCO | NO<br>TOBACCO |
|-----------------|-----------|--------|-----------------|---------|---------------|-----------------|---------|---------------|
| 0               | \$0.06    |        | 40              | \$ 0.24 | \$ 0.12       | 80              | \$ 8.29 | \$ 6.22       |
| 1               | 0.03      |        | 41              | 0.26    | 0.13          | 81              | 9.13    | 6.95          |
| 2               | 0.02      |        | 42              | 0.29    | 0.15          | 82              | 10.00   | 7.74          |
| 3               | 0.02      |        | 43              | 0.32    | 0.16          | 83              | 10.94   | 8.61          |
| 4               | 0.01      |        | 44              | 0.36    | 0.18          | 84              | 12.02   | 9.59          |
| 5               | 0.01      |        | 45              | 0.39    | 0.20          | 85              | 13.26   | 10.69         |
| 6               | 0.01      |        | 46              | 0.43    | 0.22          | 86              | 14.63   | 11.92         |
| 7               | 0.01      |        | 47              | 0.46    | 0.23          | 87              | 16.11   | 13.27         |
| 8               | 0.01      |        | 48              | 0.49    | 0.25          | 88              | 17.68   | 14.74         |
| 9               | 0.01      |        | 49              | 0.52    | 0.26          | 89              | 19.33   | 16.30         |
| 10              | 0.02      |        | 50              | 0.56    | 0.28          | 90              | 20.96   | 17.89         |
| 11              | 0.02      |        | 51              | 0.61    | 0.31          | 91              | 22.54   | 19.49         |
| 12              | 0.02      |        | 52              | 0.67    | 0.34          | 92              | 24.20   | 21.20         |
| 13              | 0.03      |        | 53              | 0.74    | 0.38          | 93              | 25.96   | 23.05         |
| 14              | 0.04      |        | 54              | 0.83    | 0.43          | 94              | 27.87   | 25.04         |
| 15              | 0.05      |        | 55              | 0.93    | 0.48          | 95              | 29.84   | 27.06         |
| 16              | 0.06      |        | 56              | 1.03    | 0.54          | 96              | 31.77   | 29.09         |
| 17              | 0.07      |        | 57              | 1.12    | 0.59          | 97              | 33.84   | 31.31         |
| 18              | 0.07      |        | 58              | 1.21    | 0.64          | 98              | 36.10   | 33.74         |
| 19              | 0.08      |        | 59              | 1.31    | 0.71          | 99              | 38.54   | 36.43         |
| 20              | 0.10      | \$0.07 | 60              | 1.43    | 0.78          | 100             | 40.90   | 39.08         |
| 21              | 0.11      | 0.07   | 61              | 1.59    | 0.88          | 101             | 42.98   | 41.51         |
| 22              | 0.11      | 0.07   | 62              | 1.77    | 0.99          | 102             | 45.22   | 44.17         |
| 23              | 0.12      | 0.08   | 63              | 1.96    | 1.11          | 103             | 47.64   | 47.11         |
| 24              | 0.13      | 0.08   | 64              | 2.15    | 1.23          | 104             | 50.49   | 50.33         |
| 25              | 0.13      | 0.08   | 65              | 2.34    | 1.36          | 105             | 54.03   | 53.86         |
| 26              | 0.14      | 0.08   | 66              | 2.52    | 1.49          | 106             | 57.96   | 57.80         |
| 27              | 0.15      | 0.08   | 67              | 2.70    | 1.63          | 107             | 62.35   | 62.19         |
| 28              | 0.15      | 0.08   | 68              | 2.89    | 1.77          | 108             | 67.27   | 67.12         |
| 29              | 0.15      | 0.08   | 69              | 3.10    | 1.94          | 109             | 72.85   | 72.70         |
| 30              | 0.15      | 0.08   | 70              | 3.34    | 2.13          | 110             | 79.19   | 79.04         |
| 31              | 0.15      | 0.08   | 71              | 3.64    | 2.36          | 111             | 83.33   | 83.33         |
| 32              | 0.15      | 0.08   | 72              | 3.98    | 2.64          | 112             | 83.33   | 83.33         |
| 33              | 0.15      | 0.08   | 73              | 4.33    | 2.93          | 113             | 83.33   | 83.33         |
| 34              | 0.16      | 0.08   | 74              | 4.71    | 3.24          | 114             | 83.33   | 83.33         |
| 35              | 0.17      | 0.09   | 75              | 5.14    | 3.58          | 115             | 83.33   | 83.33         |
| 36              | 0.18      | 0.09   | 76              | 5.61    | 3.97          | 116             | 83.33   | 83.33         |
| 37              | 0.19      | 0.10   | 77              | 6.16    | 4.42          | 117             | 83.33   | 83.33         |
| 38              | 0.20      | 0.11   | 78              | 6.80    | 4.95          | 118             | 83.33   | 83.33         |
| 39              | 0.22      | 0.11   | 79              | 7.51    | 5.55          | 119             | 83.33   | 83.33         |
|                 |           |        |                 |         |               | 120             | 83.33   | 83.33         |

The rates shown above represent the Continuation Guarantee monthly cost of insurance for each \$1,000 of Continuation Guarantee Net Amount at Risk. If this Policy has been issued in a rated premium class, the Continuation Guarantee monthly cost will be calculated as shown on the Policy Schedule.

**TABLE OF GUARANTEED CASH VALUE FACTORS  
PER \$1,000 OF SPECIFIED AMOUNT**

| <b>POLICY YEAR</b> | <b>FACTOR</b> | <b>POLICY YEAR</b> | <b>FACTOR</b> |
|--------------------|---------------|--------------------|---------------|
| [1                 | 0.0000        | 44                 | 136.3984      |
| 2                  | 0.0000        | 45                 | 147.5463      |
| 3                  | 0.0000        | 46                 | 159.0520      |
| 4                  | 0.0000        | 47                 | 170.9152      |
| 5                  | 0.0000        | 48                 | 183.1363      |
| 6                  | 0.0000        | 49                 | 195.7150      |
| 7                  | 0.0000        | 50                 | 208.6513      |
| 8                  | 0.0000        | 51                 | 222.5535      |
| 9                  | 0.0000        | 52                 | 236.8372      |
| 10                 | 0.0000        | 53                 | 251.5023      |
| 11                 | 0.0000        | 54                 | 266.5491      |
| 12                 | 0.0000        | 55                 | 281.9774      |
| 13                 | 0.0000        | 56                 | 296.4519      |
| 14                 | 0.0000        | 57                 | 311.2601      |
| 15                 | 0.0000        | 58                 | 326.4022      |
| 16                 | 0.0000        | 59                 | 341.8782      |
| 17                 | 0.0000        | 60                 | 357.6881      |
| 18                 | 0.0000        | 61                 | 378.1954      |
| 19                 | 0.0000        | 62                 | 399.1799      |
| 20                 | 0.0000        | 63                 | 420.6411      |
| 21                 | 0.0000        | 64                 | 442.5793      |
| 22                 | 0.0000        | 65                 | 464.9945      |
| 23                 | 0.0000        | 66                 | 485.2328      |
| 24                 | 0.0000        | 67                 | 505.4711      |
| 25                 | 0.0000        | 68                 | 525.7096      |
| 26                 | 3.1000        | 69                 | 545.9479      |
| 27                 | 6.4383        | 70                 | 566.1862      |
| 28                 | 10.0153       | 71                 | 586.4246      |
| 29                 | 13.8306       | 72                 | 606.6630      |
| 30                 | 17.8844       | 73                 | 626.9013      |
| 31                 | 24.0247       | 74                 | 647.1396      |
| 32                 | 30.5227       | 75                 | 667.3781      |
| 33                 | 37.3784       | 76                 | 687.6164      |
| 34                 | 44.5918       | 77                 | 707.8547      |
| 35                 | 52.1628       | 78                 | 728.0932      |
| 36                 | 60.0916       | 79                 | 748.3315      |
| 37                 | 68.3780       | 80                 | 768.5698      |
| 38                 | 77.0221       | 81                 | 803.0380      |
| 39                 | 86.0239       | 82                 | 839.0520      |
| 40                 | 95.3834       | 83                 | 876.6811      |
| 41                 | 105.1006      | 84                 | 915.9978      |
| 42                 | 115.1755      | 85                 | 957.0777      |
| 43                 | 125.6081      | 86                 | 1,000.0000]   |

**TABLE OF CONTINUATION GUARANTEE ACCOUNT FACTORS  
PER \$1,000 OF SPECIFIED AMOUNT**

| <b>POLICY YEAR</b> | <b>FACTOR</b> | <b>POLICY YEAR</b> | <b>FACTOR</b> |
|--------------------|---------------|--------------------|---------------|
| [1                 | 2.07120       | 44                 | 237.96913     |
| 2                  | 4.60434       | 45                 | 248.47549     |
| 3                  | 7.42209       | 46                 | 258.22000     |
| 4                  | 10.47958      | 47                 | 268.32124     |
| 5                  | 13.67209      | 48                 | 278.83680     |
| 6                  | 16.98021      | 49                 | 289.43812     |
| 7                  | 20.37515      | 50                 | 300.49677     |
| 8                  | 23.84797      | 51                 | 311.72709     |
| 9                  | 27.38564      | 52                 | 322.66706     |
| 10                 | 30.99454      | 53                 | 333.75459     |
| 11                 | 34.68060      | 54                 | 344.45361     |
| 12                 | 38.41018      | 55                 | 355.32404     |
| 13                 | 42.20838      | 56                 | 365.76477     |
| 14                 | 46.09408      | 57                 | 376.45405     |
| 15                 | 50.06855      | 58                 | 386.69539     |
| 16                 | 54.15758      | 59                 | 397.28584     |
| 17                 | 58.37674      | 60                 | 408.35130     |
| 18                 | 62.70438      | 61                 | 419.93937     |
| 19                 | 67.15461      | 62                 | 432.20820     |
| 20                 | 71.74440      | 63                 | 444.21842     |
| 21                 | 76.50667      | 64                 | 457.12584     |
| 22                 | 81.39589      | 65                 | 472.39102     |
| 23                 | 86.48719      | 66                 | 489.25730     |
| 24                 | 91.78777      | 67                 | 505.00804     |
| 25                 | 97.28614      | 68                 | 519.15643     |
| 26                 | 103.01200     | 69                 | 531.03882     |
| 27                 | 108.86859     | 70                 | 539.73246     |
| 28                 | 114.86356     | 71                 | 546.81320     |
| 29                 | 120.93185     | 72                 | 553.70294     |
| 30                 | 127.15930     | 73                 | 557.85101     |
| 31                 | 133.49680     | 74                 | 558.11038     |
| 32                 | 140.01641     | 75                 | 552.83970     |
| 33                 | 146.62499     | 76                 | 539.92143     |
| 34                 | 153.31368     | 77                 | 525.41757     |
| 35                 | 160.07501     | 78                 | 509.10530     |
| 36                 | 167.82482     | 79                 | 490.73077     |
| 37                 | 175.78064     | 80                 | 470.00549     |
| 38                 | 183.80516     | 81                 | 439.92969     |
| 39                 | 192.04045     | 82                 | 130.22867     |
| 40                 | 200.49155     | 83                 | 38.55050      |
| 41                 | 209.35138     | 84                 | 11.41178      |
| 42                 | 218.46388     | 85                 | 3.37813       |
| 43                 | 228.05935     | 86                 | 1.00000]      |

**TABLE OF GUARANTEED MONTHLY COST OF INSURANCE RATES  
PER \$1,000 OF NET AMOUNT AT RISK**

| ATTAINED<br>AGE | AGGREGATE |        | ATTAINED<br>AGE | TOBACCO | NO<br>TOBACCO | ATTAINED<br>AGE | TOBACCO | NO<br>TOBACCO |
|-----------------|-----------|--------|-----------------|---------|---------------|-----------------|---------|---------------|
| 0               | \$0.06    |        | 40              | \$ 0.24 | \$ 0.12       | 80              | \$ 8.29 | \$ 6.22       |
| 1               | 0.03      |        | 41              | 0.26    | 0.13          | 81              | 9.13    | 6.95          |
| 2               | 0.02      |        | 42              | 0.29    | 0.15          | 82              | 10.00   | 7.74          |
| 3               | 0.02      |        | 43              | 0.32    | 0.16          | 83              | 10.94   | 8.61          |
| 4               | 0.01      |        | 44              | 0.36    | 0.18          | 84              | 12.02   | 9.59          |
| 5               | 0.01      |        | 45              | 0.39    | 0.20          | 85              | 13.26   | 10.69         |
| 6               | 0.01      |        | 46              | 0.43    | 0.22          | 86              | 14.63   | 11.92         |
| 7               | 0.01      |        | 47              | 0.46    | 0.23          | 87              | 16.11   | 13.27         |
| 8               | 0.01      |        | 48              | 0.49    | 0.25          | 88              | 17.68   | 14.74         |
| 9               | 0.01      |        | 49              | 0.52    | 0.26          | 89              | 19.33   | 16.30         |
| 10              | 0.02      |        | 50              | 0.56    | 0.28          | 90              | 20.96   | 17.89         |
| 11              | 0.02      |        | 51              | 0.61    | 0.31          | 91              | 22.54   | 19.49         |
| 12              | 0.02      |        | 52              | 0.67    | 0.34          | 92              | 24.20   | 21.20         |
| 13              | 0.03      |        | 53              | 0.74    | 0.38          | 93              | 25.96   | 23.05         |
| 14              | 0.04      |        | 54              | 0.83    | 0.43          | 94              | 27.87   | 25.04         |
| 15              | 0.05      |        | 55              | 0.93    | 0.48          | 95              | 29.84   | 27.06         |
| 16              | 0.06      |        | 56              | 1.03    | 0.54          | 96              | 31.77   | 29.09         |
| 17              | 0.07      |        | 57              | 1.12    | 0.59          | 97              | 33.84   | 31.31         |
| 18              | 0.07      |        | 58              | 1.21    | 0.64          | 98              | 36.10   | 33.74         |
| 19              | 0.08      |        | 59              | 1.31    | 0.71          | 99              | 38.54   | 36.43         |
| 20              | 0.10      | \$0.07 | 60              | 1.43    | 0.78          | 100             | 40.90   | 39.08         |
| 21              | 0.11      | 0.07   | 61              | 1.59    | 0.88          | 101             | 42.98   | 41.51         |
| 22              | 0.11      | 0.07   | 62              | 1.77    | 0.99          | 102             | 45.22   | 44.17         |
| 23              | 0.12      | 0.08   | 63              | 1.96    | 1.11          | 103             | 47.64   | 47.11         |
| 24              | 0.13      | 0.08   | 64              | 2.15    | 1.23          | 104             | 50.49   | 50.33         |
| 25              | 0.13      | 0.08   | 65              | 2.34    | 1.36          | 105             | 54.03   | 53.86         |
| 26              | 0.14      | 0.08   | 66              | 2.52    | 1.49          | 106             | 57.96   | 57.80         |
| 27              | 0.15      | 0.08   | 67              | 2.70    | 1.63          | 107             | 62.35   | 62.19         |
| 28              | 0.15      | 0.08   | 68              | 2.89    | 1.77          | 108             | 67.27   | 67.12         |
| 29              | 0.15      | 0.08   | 69              | 3.10    | 1.94          | 109             | 72.85   | 72.70         |
| 30              | 0.15      | 0.08   | 70              | 3.34    | 2.13          | 110             | 79.19   | 79.04         |
| 31              | 0.15      | 0.08   | 71              | 3.64    | 2.36          | 111             | 83.33   | 83.33         |
| 32              | 0.15      | 0.08   | 72              | 3.98    | 2.64          | 112             | 83.33   | 83.33         |
| 33              | 0.15      | 0.08   | 73              | 4.33    | 2.93          | 113             | 83.33   | 83.33         |
| 34              | 0.16      | 0.08   | 74              | 4.71    | 3.24          | 114             | 83.33   | 83.33         |
| 35              | 0.17      | 0.09   | 75              | 5.14    | 3.58          | 115             | 83.33   | 83.33         |
| 36              | 0.18      | 0.09   | 76              | 5.61    | 3.97          | 116             | 83.33   | 83.33         |
| 37              | 0.19      | 0.10   | 77              | 6.16    | 4.42          | 117             | 83.33   | 83.33         |
| 38              | 0.20      | 0.11   | 78              | 6.80    | 4.95          | 118             | 83.33   | 83.33         |
| 39              | 0.22      | 0.11   | 79              | 7.51    | 5.55          | 119             | 83.33   | 83.33         |
|                 |           |        |                 |         |               | 120             | 83.33   | 83.33         |

The rates shown above represent the guaranteed (maximum) monthly cost of insurance for each \$1,000 of Net Amount at Risk. If this Policy has been issued in a rated premium class, the guaranteed monthly cost will be calculated as shown on the Policy Schedule.

# **American General Life and Accident Insurance Company**

American General Center • Nashville, Tennessee 37250-0001



**TABLE OF CONTINUATION GUARANTEE MONTHLY COST OF INSURANCE RATES  
PER \$1,000 OF CONTINUATION GUARANTEE NET AMOUNT AT RISK**

**NOTE: Use this table when the value of CG Account 3 is not zero.**

| ATTAINED<br>AGE | AGGREGATE |        | ATTAINED<br>AGE | TOBACCO | NO<br>TOBACCO | ATTAINED<br>AGE | TOBACCO | NO<br>TOBACCO |
|-----------------|-----------|--------|-----------------|---------|---------------|-----------------|---------|---------------|
| 0               | \$0.06    |        | 40              | \$ 0.24 | \$ 0.12       | 80              | \$ 8.29 | \$ 6.22       |
| 1               | 0.03      |        | 41              | 0.26    | 0.13          | 81              | 9.13    | 6.95          |
| 2               | 0.02      |        | 42              | 0.29    | 0.15          | 82              | 10.00   | 7.74          |
| 3               | 0.02      |        | 43              | 0.32    | 0.16          | 83              | 10.94   | 8.61          |
| 4               | 0.01      |        | 44              | 0.36    | 0.18          | 84              | 12.02   | 9.59          |
| 5               | 0.01      |        | 45              | 0.39    | 0.20          | 85              | 13.26   | 10.69         |
| 6               | 0.01      |        | 46              | 0.43    | 0.22          | 86              | 14.63   | 11.92         |
| 7               | 0.01      |        | 47              | 0.46    | 0.23          | 87              | 16.11   | 13.27         |
| 8               | 0.01      |        | 48              | 0.49    | 0.25          | 88              | 17.68   | 14.74         |
| 9               | 0.01      |        | 49              | 0.52    | 0.26          | 89              | 19.33   | 16.30         |
| 10              | 0.02      |        | 50              | 0.56    | 0.28          | 90              | 20.96   | 17.89         |
| 11              | 0.02      |        | 51              | 0.61    | 0.31          | 91              | 22.54   | 19.49         |
| 12              | 0.02      |        | 52              | 0.67    | 0.34          | 92              | 24.20   | 21.20         |
| 13              | 0.03      |        | 53              | 0.74    | 0.38          | 93              | 25.96   | 23.05         |
| 14              | 0.04      |        | 54              | 0.83    | 0.43          | 94              | 27.87   | 25.04         |
| 15              | 0.05      |        | 55              | 0.93    | 0.48          | 95              | 29.84   | 27.06         |
| 16              | 0.06      |        | 56              | 1.03    | 0.54          | 96              | 31.77   | 29.09         |
| 17              | 0.07      |        | 57              | 1.12    | 0.59          | 97              | 33.84   | 31.31         |
| 18              | 0.07      |        | 58              | 1.21    | 0.64          | 98              | 36.10   | 33.74         |
| 19              | 0.08      |        | 59              | 1.31    | 0.71          | 99              | 38.54   | 36.43         |
| 20              | 0.10      | \$0.07 | 60              | 1.43    | 0.78          | 100             | 40.90   | 39.08         |
| 21              | 0.11      | 0.07   | 61              | 1.59    | 0.88          | 101             | 42.98   | 41.51         |
| 22              | 0.11      | 0.07   | 62              | 1.77    | 0.99          | 102             | 45.22   | 44.17         |
| 23              | 0.12      | 0.08   | 63              | 1.96    | 1.11          | 103             | 47.64   | 47.11         |
| 24              | 0.13      | 0.08   | 64              | 2.15    | 1.23          | 104             | 50.49   | 50.33         |
| 25              | 0.13      | 0.08   | 65              | 2.34    | 1.36          | 105             | 54.03   | 53.86         |
| 26              | 0.14      | 0.08   | 66              | 2.52    | 1.49          | 106             | 57.96   | 57.80         |
| 27              | 0.15      | 0.08   | 67              | 2.70    | 1.63          | 107             | 62.35   | 62.19         |
| 28              | 0.15      | 0.08   | 68              | 2.89    | 1.77          | 108             | 67.27   | 67.12         |
| 29              | 0.15      | 0.08   | 69              | 3.10    | 1.94          | 109             | 72.85   | 72.70         |
| 30              | 0.15      | 0.08   | 70              | 3.34    | 2.13          | 110             | 79.19   | 79.04         |
| 31              | 0.15      | 0.08   | 71              | 3.64    | 2.36          | 111             | 83.33   | 83.33         |
| 32              | 0.15      | 0.08   | 72              | 3.98    | 2.64          | 112             | 83.33   | 83.33         |
| 33              | 0.15      | 0.08   | 73              | 4.33    | 2.93          | 113             | 83.33   | 83.33         |
| 34              | 0.16      | 0.08   | 74              | 4.71    | 3.24          | 114             | 83.33   | 83.33         |
| 35              | 0.17      | 0.09   | 75              | 5.14    | 3.58          | 115             | 83.33   | 83.33         |
| 36              | 0.18      | 0.09   | 76              | 5.61    | 3.97          | 116             | 83.33   | 83.33         |
| 37              | 0.19      | 0.10   | 77              | 6.16    | 4.42          | 117             | 83.33   | 83.33         |
| 38              | 0.20      | 0.11   | 78              | 6.80    | 4.95          | 118             | 83.33   | 83.33         |
| 39              | 0.22      | 0.11   | 79              | 7.51    | 5.55          | 119             | 83.33   | 83.33         |
|                 |           |        |                 |         |               | 120             | 83.33   | 83.33         |

The rates shown above represent the Continuation Guarantee monthly cost of insurance for each \$1,000 of Continuation Guarantee Net Amount at Risk. If this Policy has been issued in a rated premium class, the Continuation Guarantee monthly cost will be calculated as shown on the Policy Schedule.

**TABLE OF GUARANTEED CASH VALUE FACTORS  
PER \$1,000 OF SPECIFIED AMOUNT**

| <b>POLICY YEAR</b> | <b>FACTOR</b> | <b>POLICY YEAR</b> | <b>FACTOR</b> |
|--------------------|---------------|--------------------|---------------|
| [1                 | 0.0000        | 44                 | 136.3984      |
| 2                  | 0.0000        | 45                 | 147.5463      |
| 3                  | 0.0000        | 46                 | 159.0520      |
| 4                  | 0.0000        | 47                 | 170.9152      |
| 5                  | 0.0000        | 48                 | 183.1363      |
| 6                  | 0.0000        | 49                 | 195.7150      |
| 7                  | 0.0000        | 50                 | 208.6513      |
| 8                  | 0.0000        | 51                 | 222.5535      |
| 9                  | 0.0000        | 52                 | 236.8372      |
| 10                 | 0.0000        | 53                 | 251.5023      |
| 11                 | 0.0000        | 54                 | 266.5491      |
| 12                 | 0.0000        | 55                 | 281.9774      |
| 13                 | 0.0000        | 56                 | 296.4519      |
| 14                 | 0.0000        | 57                 | 311.2601      |
| 15                 | 0.0000        | 58                 | 326.4022      |
| 16                 | 0.0000        | 59                 | 341.8782      |
| 17                 | 0.0000        | 60                 | 357.6881      |
| 18                 | 0.0000        | 61                 | 378.1954      |
| 19                 | 0.0000        | 62                 | 399.1799      |
| 20                 | 0.0000        | 63                 | 420.6411      |
| 21                 | 0.0000        | 64                 | 442.5793      |
| 22                 | 0.0000        | 65                 | 464.9945      |
| 23                 | 0.0000        | 66                 | 485.2328      |
| 24                 | 0.0000        | 67                 | 505.4711      |
| 25                 | 0.0000        | 68                 | 525.7096      |
| 26                 | 3.1000        | 69                 | 545.9479      |
| 27                 | 6.4383        | 70                 | 566.1862      |
| 28                 | 10.0153       | 71                 | 586.4246      |
| 29                 | 13.8306       | 72                 | 606.6630      |
| 30                 | 17.8844       | 73                 | 626.9013      |
| 31                 | 24.0247       | 74                 | 647.1396      |
| 32                 | 30.5227       | 75                 | 667.3781      |
| 33                 | 37.3784       | 76                 | 687.6164      |
| 34                 | 44.5918       | 77                 | 707.8547      |
| 35                 | 52.1628       | 78                 | 728.0932      |
| 36                 | 60.0916       | 79                 | 748.3315      |
| 37                 | 68.3780       | 80                 | 768.5698      |
| 38                 | 77.0221       | 81                 | 803.0380      |
| 39                 | 86.0239       | 82                 | 839.0520      |
| 40                 | 95.3834       | 83                 | 876.6811      |
| 41                 | 105.1006      | 84                 | 915.9978      |
| 42                 | 115.1755      | 85                 | 957.0777      |
| 43                 | 125.6081      | 86                 | 1,000.0000]   |

**TABLE OF CONTINUATION GUARANTEE MONTHLY COST OF INSURANCE RATES  
PER \$1,000 OF CONTINUATION GUARANTEE NET AMOUNT AT RISK**

**NOTE: Use this table when the value of CG Account 3 is not zero.**

| ATTAINED<br>AGE | AGGREGATE |               | ATTAINED<br>AGE | TOBACCO | NO<br>TOBACCO | ATTAINED<br>AGE | TOBACCO | NO<br>TOBACCO |
|-----------------|-----------|---------------|-----------------|---------|---------------|-----------------|---------|---------------|
| 0               | \$0.03    |               | 40              | \$ 0.18 | \$ 0.10       | 80              | \$ 6.10 | \$ 3.83       |
| 1               | 0.02      |               | 41              | 0.19    | 0.10          | 81              | 6.76    | 4.32          |
| 2               | 0.01      |               | 42              | 0.21    | 0.11          | 82              | 7.46    | 4.83          |
| 3               | 0.01      |               | 43              | 0.22    | 0.12          | 83              | 8.17    | 5.37          |
| 4               | 0.01      |               | 44              | 0.24    | 0.13          | 84              | 8.92    | 5.98          |
| 5               | 0.01      |               | 45              | 0.27    | 0.14          | 85              | 9.62    | 6.60          |
| 6               | 0.01      |               | 46              | 0.30    | 0.16          | 86              | 10.44   | 7.34          |
| 7               | 0.01      |               | 47              | 0.33    | 0.18          | 87              | 11.46   | 8.27          |
| 8               | 0.01      |               | 48              | 0.37    | 0.20          | 88              | 12.50   | 9.26          |
| 9               | 0.01      |               | 49              | 0.42    | 0.22          | 89              | 13.47   | 10.26         |
| 10              | 0.01      |               | 50              | 0.47    | 0.24          | 90              | 14.02   | 11.00         |
| 11              | 0.02      |               | 51              | 0.53    | 0.27          | 91              | 14.48   | 11.71         |
| 12              | 0.02      |               | 52              | 0.59    | 0.30          | 92              | 15.47   | 12.92         |
| 13              | 0.02      |               | 53              | 0.65    | 0.33          | 93              | 16.90   | 14.57         |
| 14              | 0.02      |               | 54              | 0.72    | 0.37          | 94              | 18.94   | 16.69         |
| 15              | 0.03      |               | 55              | 0.79    | 0.41          | 95              | 21.42   | 19.06         |
| 16              | 0.03      |               | 56              | 0.87    | 0.45          | 96              | 23.86   | 21.47         |
| 17              | 0.03      |               | 57              | 0.95    | 0.49          | 97              | 25.34   | 23.07         |
| 18              | 0.03      |               | 58              | 1.03    | 0.54          | 98              | 25.94   | 23.95         |
| 19              | 0.03      |               | 59              | 1.12    | 0.59          | 99              | 27.58   | 25.82         |
| ATTAINED<br>AGE | TOBACCO   | NO<br>TOBACCO |                 |         |               |                 |         |               |
| 20              | 0.04      | \$0.03        | 60              | 1.21    | 0.64          | 100             | 29.86   | 28.31         |
| 21              | 0.05      | 0.03          | 61              | 1.31    | 0.70          | 101             | 32.39   | 31.12         |
| 22              | 0.05      | 0.04          | 62              | 1.42    | 0.75          | 102             | 35.24   | 34.32         |
| 23              | 0.05      | 0.04          | 63              | 1.53    | 0.82          | 103             | 38.43   | 37.98         |
| 24              | 0.06      | 0.04          | 64              | 1.65    | 0.89          | 104             | 42.28   | 42.17         |
| 25              | 0.06      | 0.04          | 65              | 1.77    | 0.96          | 105             | 46.95   | 46.84         |
| 26              | 0.07      | 0.04          | 66              | 1.91    | 1.04          | 106             | 52.04   | 51.93         |
| 27              | 0.07      | 0.04          | 67              | 2.07    | 1.14          | 107             | 57.56   | 57.45         |
| 28              | 0.07      | 0.05          | 68              | 2.23    | 1.24          | 108             | 63.58   | 63.47         |
| 29              | 0.08      | 0.05          | 69              | 2.42    | 1.35          | 109             | 70.31   | 70.20         |
| 30              | 0.08      | 0.05          | 70              | 2.63    | 1.48          | 110             | 77.66   | 77.55         |
| 31              | 0.09      | 0.05          | 71              | 2.87    | 1.62          | 111             | 83.33   | 83.33         |
| 32              | 0.10      | 0.06          | 72              | 3.13    | 1.78          | 112             | 83.33   | 83.33         |
| 33              | 0.11      | 0.06          | 73              | 3.41    | 1.95          | 113             | 83.33   | 83.33         |
| 34              | 0.12      | 0.07          | 74              | 3.71    | 2.15          | 114             | 83.33   | 83.33         |
| 35              | 0.13      | 0.07          | 75              | 4.02    | 2.36          | 115             | 83.33   | 83.33         |
| 36              | 0.14      | 0.08          | 76              | 4.36    | 2.59          | 116             | 83.33   | 83.33         |
| 37              | 0.15      | 0.08          | 77              | 4.73    | 2.85          | 117             | 83.33   | 83.33         |
| 38              | 0.16      | 0.09          | 78              | 5.13    | 3.13          | 118             | 83.33   | 83.33         |
| 39              | 0.17      | 0.09          | 79              | 5.56    | 3.45          | 119             | 83.33   | 83.33         |
|                 |           |               |                 |         |               | 120             | 83.33   | 83.33         |

The rates shown above represent the Continuation Guarantee monthly cost of insurance for each \$1,000 of Continuation Guarantee Net Amount at Risk. If this Policy has been issued in a rated premium class, the Continuation Guarantee monthly cost will be calculated as shown on the Policy Schedule.

**TABLE OF GUARANTEED CASH VALUE FACTORS  
PER \$1,000 OF SPECIFIED AMOUNT**

| <b>POLICY YEAR</b> | <b>FACTOR</b> | <b>POLICY YEAR</b> | <b>FACTOR</b> |
|--------------------|---------------|--------------------|---------------|
| 1                  | 0.0000        | 44                 | 136.3984      |
| 2                  | 0.0000        | 45                 | 147.5463      |
| 3                  | 0.0000        | 46                 | 159.0520      |
| 4                  | 0.0000        | 47                 | 170.9152      |
| 5                  | 0.0000        | 48                 | 183.1363      |
| 6                  | 0.0000        | 49                 | 195.7150      |
| 7                  | 0.0000        | 50                 | 208.6513      |
| 8                  | 0.0000        | 51                 | 222.5535      |
| 9                  | 0.0000        | 52                 | 236.8372      |
| 10                 | 0.0000        | 53                 | 251.5023      |
| 11                 | 0.0000        | 54                 | 266.5491      |
| 12                 | 0.0000        | 55                 | 281.9774      |
| 13                 | 0.0000        | 56                 | 296.4519      |
| 14                 | 0.0000        | 57                 | 311.2601      |
| 15                 | 0.0000        | 58                 | 326.4022      |
| 16                 | 0.0000        | 59                 | 341.8782      |
| 17                 | 0.0000        | 60                 | 357.6881      |
| 18                 | 0.0000        | 61                 | 378.1954      |
| 19                 | 0.0000        | 62                 | 399.1799      |
| 20                 | 0.0000        | 63                 | 420.6411      |
| 21                 | 0.0000        | 64                 | 442.5793      |
| 22                 | 0.0000        | 65                 | 464.9945      |
| 23                 | 0.0000        | 66                 | 485.2328      |
| 24                 | 0.0000        | 67                 | 505.4711      |
| 25                 | 0.0000        | 68                 | 525.7096      |
| 26                 | 3.1000        | 69                 | 545.9479      |
| 27                 | 6.4383        | 70                 | 566.1862      |
| 28                 | 10.0153       | 71                 | 586.4246      |
| 29                 | 13.8306       | 72                 | 606.6630      |
| 30                 | 17.8844       | 73                 | 626.9013      |
| 31                 | 24.0247       | 74                 | 647.1396      |
| 32                 | 30.5227       | 75                 | 667.3781      |
| 33                 | 37.3784       | 76                 | 687.6164      |
| 34                 | 44.5918       | 77                 | 707.8547      |
| 35                 | 52.1628       | 78                 | 728.0932      |
| 36                 | 60.0916       | 79                 | 748.3315      |
| 37                 | 68.3780       | 80                 | 768.5698      |
| 38                 | 77.0221       | 81                 | 803.0380      |
| 39                 | 86.0239       | 82                 | 839.0520      |
| 40                 | 95.3834       | 83                 | 876.6811      |
| 41                 | 105.1006      | 84                 | 915.9978      |
| 42                 | 115.1755      | 85                 | 957.0777      |
| 43                 | 125.6081      | 86                 | 1,000.0000]   |

**TABLE OF CONTINUATION GUARANTEE ACCOUNT FACTORS  
PER \$1,000 OF SPECIFIED AMOUNT**

| <b>POLICY YEAR</b> | <b>FACTOR</b> | <b>POLICY YEAR</b> | <b>FACTOR</b> |
|--------------------|---------------|--------------------|---------------|
| [1                 | 2.07120       | 44                 | 237.96913     |
| 2                  | 4.60434       | 45                 | 248.47549     |
| 3                  | 7.42209       | 46                 | 258.22000     |
| 4                  | 10.47958      | 47                 | 268.32124     |
| 5                  | 13.67209      | 48                 | 278.83680     |
| 6                  | 16.98021      | 49                 | 289.43812     |
| 7                  | 20.37515      | 50                 | 300.49677     |
| 8                  | 23.84797      | 51                 | 311.72709     |
| 9                  | 27.38564      | 52                 | 322.66706     |
| 10                 | 30.99454      | 53                 | 333.75459     |
| 11                 | 34.68060      | 54                 | 344.45361     |
| 12                 | 38.41018      | 55                 | 355.32404     |
| 13                 | 42.20838      | 56                 | 365.76477     |
| 14                 | 46.09408      | 57                 | 376.45405     |
| 15                 | 50.06855      | 58                 | 386.69539     |
| 16                 | 54.15758      | 59                 | 397.28584     |
| 17                 | 58.37674      | 60                 | 408.35130     |
| 18                 | 62.70438      | 61                 | 419.93937     |
| 19                 | 67.15461      | 62                 | 432.20820     |
| 20                 | 71.74440      | 63                 | 444.21842     |
| 21                 | 76.50667      | 64                 | 457.12584     |
| 22                 | 81.39589      | 65                 | 472.39102     |
| 23                 | 86.48719      | 66                 | 489.25730     |
| 24                 | 91.78777      | 67                 | 505.00804     |
| 25                 | 97.28614      | 68                 | 519.15643     |
| 26                 | 103.01200     | 69                 | 531.03882     |
| 27                 | 108.86859     | 70                 | 539.73246     |
| 28                 | 114.86356     | 71                 | 546.81320     |
| 29                 | 120.93185     | 72                 | 553.70294     |
| 30                 | 127.15930     | 73                 | 557.85101     |
| 31                 | 133.49680     | 74                 | 558.11038     |
| 32                 | 140.01641     | 75                 | 552.83970     |
| 33                 | 146.62499     | 76                 | 539.92143     |
| 34                 | 153.31368     | 77                 | 525.41757     |
| 35                 | 160.07501     | 78                 | 509.10530     |
| 36                 | 167.82482     | 79                 | 490.73077     |
| 37                 | 175.78064     | 80                 | 470.00549     |
| 38                 | 183.80516     | 81                 | 439.92969     |
| 39                 | 192.04045     | 82                 | 130.22867     |
| 40                 | 200.49155     | 83                 | 38.55050      |
| 41                 | 209.35138     | 84                 | 11.41178      |
| 42                 | 218.46388     | 85                 | 3.37813       |
| 43                 | 228.05935     | 86                 | 1.00000]      |

**TABLE OF GUARANTEED MONTHLY COST OF INSURANCE RATES  
PER \$1,000 OF NET AMOUNT AT RISK**

| ATTAINED<br>AGE | AGGREGATE |        | ATTAINED<br>AGE | TOBACCO | NO<br>TOBACCO | ATTAINED<br>AGE | TOBACCO | NO<br>TOBACCO |
|-----------------|-----------|--------|-----------------|---------|---------------|-----------------|---------|---------------|
| 0               | \$0.06    |        | 40              | \$ 0.24 | \$ 0.12       | 80              | \$ 8.29 | \$ 6.22       |
| 1               | 0.03      |        | 41              | 0.26    | 0.13          | 81              | 9.13    | 6.95          |
| 2               | 0.02      |        | 42              | 0.29    | 0.15          | 82              | 10.00   | 7.74          |
| 3               | 0.02      |        | 43              | 0.32    | 0.16          | 83              | 10.94   | 8.61          |
| 4               | 0.01      |        | 44              | 0.36    | 0.18          | 84              | 12.02   | 9.59          |
| 5               | 0.01      |        | 45              | 0.39    | 0.20          | 85              | 13.26   | 10.69         |
| 6               | 0.01      |        | 46              | 0.43    | 0.22          | 86              | 14.63   | 11.92         |
| 7               | 0.01      |        | 47              | 0.46    | 0.23          | 87              | 16.11   | 13.27         |
| 8               | 0.01      |        | 48              | 0.49    | 0.25          | 88              | 17.68   | 14.74         |
| 9               | 0.01      |        | 49              | 0.52    | 0.26          | 89              | 19.33   | 16.30         |
| 10              | 0.02      |        | 50              | 0.56    | 0.28          | 90              | 20.96   | 17.89         |
| 11              | 0.02      |        | 51              | 0.61    | 0.31          | 91              | 22.54   | 19.49         |
| 12              | 0.02      |        | 52              | 0.67    | 0.34          | 92              | 24.20   | 21.20         |
| 13              | 0.03      |        | 53              | 0.74    | 0.38          | 93              | 25.96   | 23.05         |
| 14              | 0.04      |        | 54              | 0.83    | 0.43          | 94              | 27.87   | 25.04         |
| 15              | 0.05      |        | 55              | 0.93    | 0.48          | 95              | 29.84   | 27.06         |
| 16              | 0.06      |        | 56              | 1.03    | 0.54          | 96              | 31.77   | 29.09         |
| 17              | 0.07      |        | 57              | 1.12    | 0.59          | 97              | 33.84   | 31.31         |
| 18              | 0.07      |        | 58              | 1.21    | 0.64          | 98              | 36.10   | 33.74         |
| 19              | 0.08      |        | 59              | 1.31    | 0.71          | 99              | 38.54   | 36.43         |
| 20              | 0.10      | \$0.07 | 60              | 1.43    | 0.78          | 100             | 40.90   | 39.08         |
| 21              | 0.11      | 0.07   | 61              | 1.59    | 0.88          | 101             | 42.98   | 41.51         |
| 22              | 0.11      | 0.07   | 62              | 1.77    | 0.99          | 102             | 45.22   | 44.17         |
| 23              | 0.12      | 0.08   | 63              | 1.96    | 1.11          | 103             | 47.64   | 47.11         |
| 24              | 0.13      | 0.08   | 64              | 2.15    | 1.23          | 104             | 50.49   | 50.33         |
| 25              | 0.13      | 0.08   | 65              | 2.34    | 1.36          | 105             | 54.03   | 53.86         |
| 26              | 0.14      | 0.08   | 66              | 2.52    | 1.49          | 106             | 57.96   | 57.80         |
| 27              | 0.15      | 0.08   | 67              | 2.70    | 1.63          | 107             | 62.35   | 62.19         |
| 28              | 0.15      | 0.08   | 68              | 2.89    | 1.77          | 108             | 67.27   | 67.12         |
| 29              | 0.15      | 0.08   | 69              | 3.10    | 1.94          | 109             | 72.85   | 72.70         |
| 30              | 0.15      | 0.08   | 70              | 3.34    | 2.13          | 110             | 79.19   | 79.04         |
| 31              | 0.15      | 0.08   | 71              | 3.64    | 2.36          | 111             | 83.33   | 83.33         |
| 32              | 0.15      | 0.08   | 72              | 3.98    | 2.64          | 112             | 83.33   | 83.33         |
| 33              | 0.15      | 0.08   | 73              | 4.33    | 2.93          | 113             | 83.33   | 83.33         |
| 34              | 0.16      | 0.08   | 74              | 4.71    | 3.24          | 114             | 83.33   | 83.33         |
| 35              | 0.17      | 0.09   | 75              | 5.14    | 3.58          | 115             | 83.33   | 83.33         |
| 36              | 0.18      | 0.09   | 76              | 5.61    | 3.97          | 116             | 83.33   | 83.33         |
| 37              | 0.19      | 0.10   | 77              | 6.16    | 4.42          | 117             | 83.33   | 83.33         |
| 38              | 0.20      | 0.11   | 78              | 6.80    | 4.95          | 118             | 83.33   | 83.33         |
| 39              | 0.22      | 0.11   | 79              | 7.51    | 5.55          | 119             | 83.33   | 83.33         |
|                 |           |        |                 |         |               | 120             | 83.33   | 83.33         |

The rates shown above represent the guaranteed (maximum) monthly cost of insurance for each \$1,000 of Net Amount at Risk. If this Policy has been issued in a rated premium class, the guaranteed monthly cost will be calculated as shown on the Policy Schedule.

**TABLE OF CONTINUATION GUARANTEE ACCOUNT FACTORS  
PER \$1,000 OF SPECIFIED AMOUNT**

| <b>POLICY YEAR</b> | <b>FACTOR</b> | <b>POLICY YEAR</b> | <b>FACTOR</b> |
|--------------------|---------------|--------------------|---------------|
| [1                 | 2.07120       | 44                 | 237.96913     |
| 2                  | 4.60434       | 45                 | 248.47549     |
| 3                  | 7.42209       | 46                 | 258.22000     |
| 4                  | 10.47958      | 47                 | 268.32124     |
| 5                  | 13.67209      | 48                 | 278.83680     |
| 6                  | 16.98021      | 49                 | 289.43812     |
| 7                  | 20.37515      | 50                 | 300.49677     |
| 8                  | 23.84797      | 51                 | 311.72709     |
| 9                  | 27.38564      | 52                 | 322.66706     |
| 10                 | 30.99454      | 53                 | 333.75459     |
| 11                 | 34.68060      | 54                 | 344.45361     |
| 12                 | 38.41018      | 55                 | 355.32404     |
| 13                 | 42.20838      | 56                 | 365.76477     |
| 14                 | 46.09408      | 57                 | 376.45405     |
| 15                 | 50.06855      | 58                 | 386.69539     |
| 16                 | 54.15758      | 59                 | 397.28584     |
| 17                 | 58.37674      | 60                 | 408.35130     |
| 18                 | 62.70438      | 61                 | 419.93937     |
| 19                 | 67.15461      | 62                 | 432.20820     |
| 20                 | 71.74440      | 63                 | 444.21842     |
| 21                 | 76.50667      | 64                 | 457.12584     |
| 22                 | 81.39589      | 65                 | 472.39102     |
| 23                 | 86.48719      | 66                 | 489.25730     |
| 24                 | 91.78777      | 67                 | 505.00804     |
| 25                 | 97.28614      | 68                 | 519.15643     |
| 26                 | 103.01200     | 69                 | 531.03882     |
| 27                 | 108.86859     | 70                 | 539.73246     |
| 28                 | 114.86356     | 71                 | 546.81320     |
| 29                 | 120.93185     | 72                 | 553.70294     |
| 30                 | 127.15930     | 73                 | 557.85101     |
| 31                 | 133.49680     | 74                 | 558.11038     |
| 32                 | 140.01641     | 75                 | 552.83970     |
| 33                 | 146.62499     | 76                 | 539.92143     |
| 34                 | 153.31368     | 77                 | 525.41757     |
| 35                 | 160.07501     | 78                 | 509.10530     |
| 36                 | 167.82482     | 79                 | 490.73077     |
| 37                 | 175.78064     | 80                 | 470.00549     |
| 38                 | 183.80516     | 81                 | 439.92969     |
| 39                 | 192.04045     | 82                 | 130.22867     |
| 40                 | 200.49155     | 83                 | 38.55050      |
| 41                 | 209.35138     | 84                 | 11.41178      |
| 42                 | 218.46388     | 85                 | 3.37813       |
| 43                 | 228.05935     | 86                 | 1.00000]      |

**TABLE OF GUARANTEED MONTHLY COST OF INSURANCE RATES  
PER \$1,000 OF NET AMOUNT AT RISK**

| ATTAINED<br>AGE | AGGREGATE |               | ATTAINED<br>AGE | TOBACCO | NO<br>TOBACCO | ATTAINED<br>AGE | TOBACCO | NO<br>TOBACCO |
|-----------------|-----------|---------------|-----------------|---------|---------------|-----------------|---------|---------------|
| 0               | \$0.03    |               | 40              | \$ 0.18 | \$ 0.10       | 80              | \$ 6.10 | \$ 3.83       |
| 1               | 0.02      |               | 41              | 0.19    | 0.10          | 81              | 6.76    | 4.32          |
| 2               | 0.01      |               | 42              | 0.21    | 0.11          | 82              | 7.46    | 4.83          |
| 3               | 0.01      |               | 43              | 0.22    | 0.12          | 83              | 8.17    | 5.37          |
| 4               | 0.01      |               | 44              | 0.24    | 0.13          | 84              | 8.92    | 5.98          |
| 5               | 0.01      |               | 45              | 0.27    | 0.14          | 85              | 9.62    | 6.60          |
| 6               | 0.01      |               | 46              | 0.30    | 0.16          | 86              | 10.44   | 7.34          |
| 7               | 0.01      |               | 47              | 0.33    | 0.18          | 87              | 11.46   | 8.27          |
| 8               | 0.01      |               | 48              | 0.37    | 0.20          | 88              | 12.50   | 9.26          |
| 9               | 0.01      |               | 49              | 0.42    | 0.22          | 89              | 13.47   | 10.26         |
| 10              | 0.01      |               | 50              | 0.47    | 0.24          | 90              | 14.02   | 11.00         |
| 11              | 0.02      |               | 51              | 0.53    | 0.27          | 91              | 14.48   | 11.71         |
| 12              | 0.02      |               | 52              | 0.59    | 0.30          | 92              | 15.47   | 12.92         |
| 13              | 0.02      |               | 53              | 0.65    | 0.33          | 93              | 16.90   | 14.57         |
| 14              | 0.02      |               | 54              | 0.72    | 0.37          | 94              | 18.94   | 16.69         |
| 15              | 0.03      |               | 55              | 0.79    | 0.41          | 95              | 21.42   | 19.06         |
| 16              | 0.03      |               | 56              | 0.87    | 0.45          | 96              | 23.86   | 21.47         |
| 17              | 0.03      |               | 57              | 0.95    | 0.49          | 97              | 25.34   | 23.07         |
| 18              | 0.03      |               | 58              | 1.03    | 0.54          | 98              | 25.94   | 23.95         |
| 19              | 0.03      |               | 59              | 1.12    | 0.59          | 99              | 27.58   | 25.82         |
| ATTAINED<br>AGE | TOBACCO   | NO<br>TOBACCO |                 |         |               |                 |         |               |
| 20              | 0.04      | \$0.03        | 60              | 1.21    | 0.64          | 100             | 29.86   | 28.31         |
| 21              | 0.05      | 0.03          | 61              | 1.31    | 0.70          | 101             | 32.39   | 31.12         |
| 22              | 0.05      | 0.04          | 62              | 1.42    | 0.75          | 102             | 35.24   | 34.32         |
| 23              | 0.05      | 0.04          | 63              | 1.53    | 0.82          | 103             | 38.43   | 37.98         |
| 24              | 0.06      | 0.04          | 64              | 1.65    | 0.89          | 104             | 42.28   | 42.17         |
| 25              | 0.06      | 0.04          | 65              | 1.77    | 0.96          | 105             | 46.95   | 46.84         |
| 26              | 0.07      | 0.04          | 66              | 1.91    | 1.04          | 106             | 52.04   | 51.93         |
| 27              | 0.07      | 0.04          | 67              | 2.07    | 1.14          | 107             | 57.56   | 57.45         |
| 28              | 0.07      | 0.05          | 68              | 2.23    | 1.24          | 108             | 63.58   | 63.47         |
| 29              | 0.08      | 0.05          | 69              | 2.42    | 1.35          | 109             | 70.31   | 70.20         |
| 30              | 0.08      | 0.05          | 70              | 2.63    | 1.48          | 110             | 77.66   | 77.55         |
| 31              | 0.09      | 0.05          | 71              | 2.87    | 1.62          | 111             | 83.33   | 83.33         |
| 32              | 0.10      | 0.06          | 72              | 3.13    | 1.78          | 112             | 83.33   | 83.33         |
| 33              | 0.11      | 0.06          | 73              | 3.41    | 1.95          | 113             | 83.33   | 83.33         |
| 34              | 0.12      | 0.07          | 74              | 3.71    | 2.15          | 114             | 83.33   | 83.33         |
| 35              | 0.13      | 0.07          | 75              | 4.02    | 2.36          | 115             | 83.33   | 83.33         |
| 36              | 0.14      | 0.08          | 76              | 4.36    | 2.59          | 116             | 83.33   | 83.33         |
| 37              | 0.15      | 0.08          | 77              | 4.73    | 2.85          | 117             | 83.33   | 83.33         |
| 38              | 0.16      | 0.09          | 78              | 5.13    | 3.13          | 118             | 83.33   | 83.33         |
| 39              | 0.17      | 0.09          | 79              | 5.56    | 3.45          | 119             | 83.33   | 83.33         |
|                 |           |               |                 |         |               | 120             | 83.33   | 83.33         |

The rates shown above represent the guaranteed (maximum) monthly cost of insurance for each \$1,000 of Net Amount at Risk. If this Policy has been issued in a rated premium class, the guaranteed monthly cost will be calculated as shown on the Policy Schedule.



SERFF Tracking Number: AGLA-128230015 State: Arkansas

Filing Company: American General Life and Accident Insurance State Tracking Number: Company

Company Tracking Number: AGLA 12UCG

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life Adjustable Life

Product Name: AGLA 12UCG Flexible Premium Adjustable Life Insurance Policy

Project Name/Number: AGLA 12UCG Flexible Premium Adjustable Life Insurance Policy/AGLA 12UCG

## Supporting Document Schedules

**Item Status:** **Status Date:**

**Satisfied - Item:** Flesch Certification

**Comments:**

**Attachments:**

87-1.pdf

AGLA120Z49 REV0807.pdf

ARCERT2.pdf

ARCert5.pdf

**Item Status:** **Status Date:**

**Satisfied - Item:** Application

**Comments:**

The attached application was previously approved by your department on 8/11/11 under Serff Tracking No. AGLA-127301366.

**Attachment:**

1000-AR JD.pdf

**Item Status:** **Status Date:**

**Bypassed - Item:** Health - Actuarial Justification

**Bypass Reason:** This is a universal life policy filing. I'm attaching it's actuarial memo below.

**Comments:**

**Item Status:** **Status Date:**

**Bypassed - Item:** Outline of Coverage

**Bypass Reason:** This is a universal life policy filing.

**Comments:**

SERFF Tracking Number: AGLA-128230015 State: Arkansas

Filing Company: American General Life and Accident Insurance State Tracking Number: Company

Company Tracking Number: AGLA 12UCG

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life Adjustable Life

Product Name: AGLA 12UCG Flexible Premium Adjustable Life Insurance Policy

Project Name/Number: AGLA 12UCG Flexible Premium Adjustable Life Insurance Policy/AGLA 12UCG

**Item Status:** **Status Date:**

**Satisfied - Item:** Sample Annual Report

**Comments:**

**Attachment:**  
Sample Annual Report - AGLA 12UCG.pdf

**Item Status:** **Status Date:**

**Satisfied - Item:** Sample Statement of Policy Cost and Benefit Information

**Comments:**

**Attachment:**  
Sample Policy Summary -AGLA 12UCG.pdf

**Item Status:** **Status Date:**

**Satisfied - Item:** Statement of Variability

**Comments:**

**Attachment:**  
Statement of Variability for AGLA 12UCG.pdf

**Item Status:** **Status Date:**

**Satisfied - Item:** Specification Page Variations by Risk Class

**Comments:**

**Attachments:**  
Policy Schedule M355N with Permanent Flat Extra (AGLA 12UCG).pdf  
Policy Schedule M355N with Table Rating (AGLA 12UCG).pdf  
Policy Schedule M355N with Temporary Flat (AGLA 12UCG).pdf

SERFF Tracking Number: AGLA-128230015 State: Arkansas

Filing Company: American General Life and Accident Insurance State Tracking Number: Company

Company Tracking Number: AGLA 12UCG

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life Adjustable Life

Product Name: AGLA 12UCG Flexible Premium Adjustable Life Insurance Policy

Project Name/Number: AGLA 12UCG Flexible Premium Adjustable Life Insurance Policy/AGLA 12UCG

Item Status: Status  
Date:

Satisfied - Item: Actuarial Memorandum & Attachments

Comments:

Attachments:

ActuarialMemo for AGLA 12UCG.pdf  
Attachment A - Actuarial Memo AGLA 12UCG.pdf  
Attachment B - Actuarial Memo AGLA 12UCG.pdf

Item Status: Status  
Date:

Satisfied - Item: Rule & Regulation 34 Certification

Comments:

Attachment:

ARCERT4.pdf

**AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY**

A Member Company of American International Group, Inc.

American General Center • Nashville, Tennessee 37250-0001

(615) 749-1523

Service for the attached policy will be provided by:

The Arkansas Department of Insurance has requested we provide you with the addresses and telephone numbers, as follow:

Customer Services  
American General Life and Accident Insurance Company  
American General Center - 305N  
Nashville, Tennessee 37250  
PH: 1-800-888-2452

State of Arkansas  
Department of Insurance  
1200 West Third Street  
Little Rock, AR 72201-1904  
PH: 1-800-852-5494

## **LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well-managed and financially stable.

### **DISCLAIMER**

**The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.**

**Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.**

**Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.**

**The Arkansas Life and Health Insurance Guaranty Association  
c/o The Liquidation Division  
1023 West Capitol  
Little Rock, Arkansas 72201**

**Arkansas Insurance Department  
1200 West Third Street  
Little Rock, Arkansas 72201-1904**

(please turn to back of page)

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

## **COVERAGE**

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract, issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

## **EXCLUSIONS FROM COVERAGE**

However, persons owning such policies are **NOT** protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does **NOT** provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals).
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC")(whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

## LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

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### **American General Life and Accident Insurance Company**

*A member company of American International Group, Inc.*  
American General Center • Nashville, Tennessee 37250-0001





American General Life and Accident Insurance Company

AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY

ARKANSAS CERTIFICATION

Subject: AGLA 12UCG Flexible Premium Adjustable Life Insurance Policy

This is to certify that, to the best of my knowledge and belief, the above form complies with the requirements of Ark. Stat. Ann. 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

A handwritten signature in black ink that reads "Grace D. Harvey".

Grace D. Harvey, ASA, MAAA  
Vice President and Actuary

DATE: April 4, 2012





American General Life and Accident Insurance Company

AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY

ARKANSAS CERTIFICATION

Subject: AGLA 12UCG Flexible Premium Adjustable Life Insurance Policy

This is to certify that the above form, to the best of my knowledge and belief, meets the provision of Arkansas Rule and Regulation 19 as well as all applicable requirements of the State of Arkansas Department of Insurance.

A handwritten signature in cursive script that reads "Grace D. Harvey".

Grace D. Harvey, ASA, MAAA  
Vice President and Actuary

DATE: April 4, 2012

APPLICATION FOR LIFE INSURANCE
American General Life and Accident Insurance Company
American General Center • Nashville, Tennessee 37250-0001

1. a. Primary Proposed Insured Name (Print full name) John Doe
b. Address 123 4th Street Little Rock AR 72203 USA
c. SSN: 012-45-6789
d. Marital/Domestic Status: [X] Married
e. Driver's License No. 12345678
f. State of Issue AR
g. Annual Earned Income \$55,000
h. Other Sources of Income None
i. Occupation Mechanic
j. How long in occupation 10 Years
k. Employer ABC Repair
l. Job duties repairing cars
m. Length of time employed by current employer 10 Years
n. Average No. of hours worked per week in occupation 40
o. Is Primary Proposed Insured actively at work and able to perform all regular job duties? [X] Yes
p. If no earned income, provide details of prior employment and job duties
q. If unemployed, retired prior to age 55, disabled or receiving Supplemental Security Income (SSI), provide explanation

2. a. Additional Proposed Insured (If coverage applied for)
b. Address
c. SSN:
d. Marital/Domestic Status:
e. Driver's License No.
f. State of Issue
g. Annual Earned Income
h. Other Sources of Income
i. Occupation
j. How long in occupation
k. Employer
l. Job duties
m. Length of time employed by current employer
n. Average No. of hours worked per week in occupation
o. Is Additional Proposed Insured actively at work and able to perform all regular job duties?
p. If no earned income, provide details of prior employment and job duties
q. If unemployed, retired prior to age 55, disabled or receiving Supplemental Security Income (SSI), provide explanation

3. Enter names of children, stepchildren and legally adopted children for whom application for coverage under a Child Term Rider is made who are: (1) members of your immediate family and household; and (2) under the age of 18.
Table with 7 columns: Full Name, Age, Birth Date (Month, Day, Year), Gender, Relationship (If stepchild, consent required), For any child under age one (including Primary Proposed Insured), Name, Birth Weight, Weight Now.
4. Owner Name (If other than Primary Proposed Insured)
Address
SSN/TIN:
Relationship to Primary Proposed Insured

Home Office Use Only
AGLA1000-AR REV0611

5. Premium Payor Name (If other than Primary Proposed Insured) \_\_\_\_\_  
 Address \_\_\_\_\_  
 Street City State Zip Code  
 SSN/TIN: \_\_\_\_\_ Relationship to Primary Proposed Insured \_\_\_\_\_

## 6. Complete for Primary Proposed Insured:

[a. Plan Name Whole Life If Term: Duration \_\_\_\_\_ Ins Amount \$ 100,000

If Universal Life: Death Benefit ☒ Option A ☐ Option B

## b. Benefits &amp; Riders

**For Indexed UL Only:** Initial Premium Allocation Percentages

(Must Total 100%) Index Cap Account 25 % Participation Rate Account 25 % Declared Interest Account 50 %

- |  |   |
|--|---|
| <input type="checkbox"/> Waiver Rider  | <input type="checkbox"/> Terminal Illness Rider   |
| <input type="checkbox"/> Additional Insurance Option \$ _____  | <input type="checkbox"/> Monthly Guarantee Premium Rider  |
| <input type="checkbox"/> Accidental Death \$ _____   | <input type="checkbox"/> Children's Term Rider \$ _____ Amt                                     |
| <input type="checkbox"/> Single Premium Whole Life \$ _____  | <input type="checkbox"/> Level Term Rider \$ _____ Amt  |
| <input type="checkbox"/> Spouse Level Term Rider \$ _____ Amt  | <input type="checkbox"/> Additional Insured Rider \$ _____ Amt                                  |
| <input type="checkbox"/> Accelerated Benefit Rider 2 Initial Defined Benefit – Primary Proposed Insured    | <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> Other _____ ] |
| <input type="checkbox"/> Accelerated Benefit Rider 2 Initial Defined Benefit – Additional Proposed Insured | <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> Other _____ ] |
| <input type="checkbox"/> Primary Proposed Insured  | <input type="checkbox"/> Additional Proposed Insured  |
| <input type="checkbox"/> Disability Income Rider 2   | <input type="checkbox"/> Disability Income Rider 2  |
| <input type="checkbox"/> Disability Income Rider 5   | <input type="checkbox"/> Disability Income Rider 5  |
| Monthly Benefit _____  | Monthly Benefit _____   |
| Occ. Class _____   | Occ. Class _____  |
| <input type="checkbox"/> Other _____   | <input type="checkbox"/> Other _____  |

☐ Chronic Illness Accelerated Benefit Rider II – Primary Proposed Insured

To apply for the Chronic Illness Accelerated Death Benefit Rider II, select the appropriate boxes in items 1 and 2 below

1. a) ☐ I am applying for the Chronic Illness Accelerated Death Benefit Rider II.
- b) Initial Monthly Benefit Amount \$ \_\_\_\_\_
- c) Benefit Period ☐ 24 Months ☐ 36 Months ☐ 48 Months ☐ 60 Months
- d) Other \_\_\_\_\_
2. a) ☐ I am NOT applying for the Extension of Benefit option.
- ☐ I am applying for the Extension of Benefit option WITH the Cost of Living Allowance benefit.
- Cost of Living Increase Percentage \_\_\_\_\_ %
- ☐ I am applying for the Extension of Benefit option WITHOUT the Cost of Living Allowance benefit.
- ☐ I have reviewed the Outline of Coverage and the graphs that compare the benefits and cost of insurance of this Rider with and without the Cost of Living Allowance benefit. Specifically, I have reviewed my options and I reject the Cost of Living Allowance benefit.
- b) Benefit Period (must be less than or equal to the Benefit Period designated for the Rider) ☐ 24 Months ☐ 36 Months ☐ 48 Months ☐ 60 Months

☐ Chronic Illness Accelerated Benefit Rider II – Additional Proposed Insured

To apply for the Chronic Illness Accelerated Death Benefit Rider II, select the appropriate boxes in items 1 and 2 below

1. a) ☐ I am applying for the Chronic Illness Accelerated Death Benefit Rider II.
- b) Initial Monthly Benefit Amount \$ \_\_\_\_\_
- c) Benefit Period ☐ 24 Months ☐ 36 Months ☐ 48 Months ☐ 60 Months
- d) Other \_\_\_\_\_
2. a) ☐ I am NOT applying for the Extension of Benefit option.
- ☐ I am applying for the Extension of Benefit option WITH the Cost of Living Allowance benefit.
- Cost of Living Increase Percentage \_\_\_\_\_ %
- ☐ I am applying for the Extension of Benefit option WITHOUT the Cost of Living Allowance benefit.
- ☐ I have reviewed the Outline of Coverage and the graphs that compare the benefits and cost of insurance of this Rider with and without the Cost of Living Allowance benefit. Specifically, I have reviewed my options and I reject the Cost of Living Allowance benefit.
- b) Benefit Period (must be less than or equal to the Benefit Period designated for the Rider) ☐ 24 Months ☐ 36 Months ☐ 48 Months ☐ 60 Months

7. First Beneficiary Jane Doe Wife 33 987-65-1234  
 Name Relationship Age SSN/TIN  
 \_\_\_\_\_  
 Address

Secondary Beneficiary \_\_\_\_\_  
 Name Relationship Age SSN/TIN  
 \_\_\_\_\_  
 Address

## 8. Premium and Payment

- a. Premium \$ 67.33 Lump Sum \_\_\_\_\_ ☐ 1035 exchange  
 b. Payment Mode: ☐ A ☐ S ☐ Q ☒ M Planned Periodic Premium \_\_\_\_\_  
☐ Other \_\_\_\_\_  
☐ Automatic Bank Check ☐ Add to existing ABC account, policy no. \_\_\_\_\_  
☐ AG Payroll Deduction (AGLA employees only) ☐ New payroll account no. \_\_\_\_\_  
☐ Payroll Deduction ☐ Add to existing PD account no. \_\_\_\_\_  
 Anticipated Effective Date of Coverage \_\_\_\_\_  
 If premium mode is payroll deduction, are premiums to be paid with pre-tax dollars under a Section 125 (cafeteria plan sponsored by your employer)?  
☐ Yes ☐ No  
 c. If Available, is Automatic Premium Loan Provision to be in effect? ☐ Yes ☐ No

**If one or more policies are being applied for at this time having the same Owner and Premium Mode/Method, please complete the section(s) below:**

9. a. Individual to be insured is the ☒ Primary Proposed Insured or ☐ Additional Proposed Insured listed on this application.  
 b. Plan Name \_\_\_\_\_ If Term: Duration \_\_\_\_\_ Ins Amount \$ \_\_\_\_\_ If UL: Death Benefit ☐ Option A ☐ Option B  
 c. Benefits & Riders  
☐ Waiver Rider  
☐ Accelerated Benefit Rider 2 Initial Defined Benefit for individual in 9.a. ☐ 5% ☐ 10% ☐ Other \_\_\_\_\_ ]  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_  
 d. If beneficiary is to be other than as listed in question 7 above, please complete the following:  
 First Beneficiary \_\_\_\_\_  
 Name Relationship Age SSN/TIN  
 \_\_\_\_\_  
 Address  
 Secondary Beneficiary \_\_\_\_\_  
 Name Relationship Age SSN/TIN  
 \_\_\_\_\_  
 Address  
 e. Premium \$ \_\_\_\_\_ ☐ Lump Sum \_\_\_\_\_ ☐ 1035 exchange ☐ Planned Periodic Premium \_\_\_\_\_

10. a. Individual to be insured is the ☐ Primary Proposed Insured or ☐ Additional Proposed Insured listed on this application.  
 b. Plan Name \_\_\_\_\_ If Term: Duration \_\_\_\_\_ Ins Amount \$ \_\_\_\_\_ If UL: Death Benefit ☐ Option A ☐ Option B  
 c. Benefits & Riders  
☐ Waiver Rider  
☐ Accelerated Benefit Rider 2 Initial Defined Benefit for individual in 10.a. ☐ 5% ☐ 10% ☐ Other \_\_\_\_\_ ]  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_  
 d. If beneficiary is to be other than as listed in question 7 above, please complete the following:  
 First Beneficiary \_\_\_\_\_  
 Name Relationship Age SSN/TIN  
 \_\_\_\_\_  
 Address  
 Secondary Beneficiary \_\_\_\_\_  
 Name Relationship Age SSN/TIN  
 \_\_\_\_\_  
 Address  
 e. Premium \$ \_\_\_\_\_ ☐ Lump Sum \_\_\_\_\_ ☐ 1035 exchange ☐ Planned Periodic Premium \_\_\_\_\_

**BACKGROUND/HEALTH QUESTIONS****YES NO**

11. Does any proposed insured have any of the coverages listed below inforce or have any pending application for such coverage with this Company or any other company? Check all applicable boxes. ....  
If "Yes,"

☐ ☒

|                                  |                                 |   |  |
|----------------------------------|---------------------------------|---|--|
| Name _____                       | Co. Name _____                  | Amt. of Coverage/Benefit _____          | Pol. No. _____                                   |
| <input type="checkbox"/> Life    | <input type="checkbox"/> Health | <input type="checkbox"/> Long-term Care | <input type="checkbox"/> Disability/Period _____ |
| <input type="checkbox"/> Annuity |                                 |   |  |

  

|                                  |                                 |   |  |
|----------------------------------|---------------------------------|---|--|
| Name _____                       | Co. Name _____                  | Amt. of Coverage/Benefit _____          | Pol. No. _____                                   |
| <input type="checkbox"/> Life    | <input type="checkbox"/> Health | <input type="checkbox"/> Long-term Care | <input type="checkbox"/> Disability/Period _____ |
| <input type="checkbox"/> Annuity |                                 |   |  |

  

|                                  |                                 |   |  |
|----------------------------------|---------------------------------|---|--|
| Name _____                       | Co. Name _____                  | Amt. of Coverage/Benefit _____          | Pol. No. _____                                   |
| <input type="checkbox"/> Life    | <input type="checkbox"/> Health | <input type="checkbox"/> Long-term Care | <input type="checkbox"/> Disability/Period _____ |
| <input type="checkbox"/> Annuity |                                 |   |  |

12. Will any existing insurance coverage or annuity contract be replaced or changed if any policy applied for is issued?.....  
If "Yes," complete the necessary replacement forms and provide details below.

☐ ☒

|            |                |                        |                                |                |
|------------|----------------|------------------------|--------------------------------|----------------|
| Name _____ | Co. Name _____ | Type of Coverage _____ | Amt. of Coverage/Benefit _____ | Pol. No. _____ |
| Name _____ | Co. Name _____ | Type of Coverage _____ | Amt. of Coverage/Benefit _____ | Pol. No. _____ |
| Name _____ | Co. Name _____ | Type of Coverage _____ | Amt. of Coverage/Benefit _____ | Pol. No. _____ |

13. Within the past 5 years, has any proposed insured used tobacco (cigarettes, cigars, pipe, snuff, chewing tobacco) or nicotine patches, nicotine gum or any other form of nicotine? If "Yes," provide details below .....

☐ ☒

|            |            |                        |                        |
|------------|------------|------------------------|------------------------|
| Name _____ | Type _____ | Date of Last Use _____ | Frequency/Amount _____ |
| Name _____ | Type _____ | Date of Last Use _____ | Frequency/Amount _____ |

14. Has any proposed insured ever had an application for insurance modified, rated, declined, postponed, or withdrawn? .....  
If "Yes," provide details below.

☐ ☒

|            |                        |            |               |
|------------|------------------------|------------|---------------|
| Name _____ | Type of Coverage _____ | Date _____ | Details _____ |
| Name _____ | Type of Coverage _____ | Date _____ | Details _____ |

15. Within the past 5 years, has any proposed insured been convicted of, paid a fine/ticket or pled guilty to reckless driving, driving while intoxicated, or had a driver's license revoked or suspended, or, within the past 3 years, had any moving traffic violations?.....  
If "Yes,"

☐ ☒

|               |                         |                                |                        |                         |
|---------------|-------------------------|--------------------------------|------------------------|-------------------------|
| Name _____    | Type of Violation _____ | Duration (if applicable) _____ | Date of Incident _____ | State of Incident _____ |
| Details _____ |                         |                                |                        |                         |
| Name _____    | Type of Violation _____ | Duration (if applicable) _____ | Date of Incident _____ | State of Incident _____ |
| Details _____ |                         |                                |                        |                         |

16. Has any proposed insured ever been convicted of, pled guilty to, or pled no contest to a felony, or is any such charge pending against him/her? .....

☐ ☒

|               |                          |                        |                   |
|---------------|--------------------------|------------------------|-------------------|
| Name _____    | Date of Occurrence _____ | County and State _____ | Disposition _____ |
| Details _____ |                          |                        |                   |
| Name _____    | Date of Occurrence _____ | County and State _____ | Disposition _____ |
| Details _____ |                          |                        |                   |

|  |                                      |  |                | YES                      | NO                                  |
|--|--------------------------------------|--|----------------|--------------------------|-------------------------------------|
| 17. Does any proposed insured intend to travel or reside outside of the United States within the next year? .....  |                                      |  |                | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If "Yes,"  |                                      |  |                |                          |                                     |
| Name(s)  | City/Country where traveling         | Length of Stay   | Times Per Year |                          |                                     |
| Purpose of Travel  | Do you plan to visit non-urban areas | Trips outside of U.S. in prior two years   |                |                          |                                     |
| Name(s)  | City/Country where traveling         | Length of Stay   | Times Per Year |                          |                                     |
| Purpose of Travel  | Do you plan to visit non-urban areas | Trips outside of U.S. in prior two years   |                |                          |                                     |
| 18. Is any proposed insured <b>NOT</b> a citizen of the United States? .....   |                                      |  |                | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If "Yes,"  |                                      |  |                |                          |                                     |
| Name of proposed insured   |                                      | Name of proposed insured   |                |                          |                                     |
| Date of entry into the U.S.  |                                      | Date of entry into the U.S.  |                |                          |                                     |
| Name of country of citizenship   |                                      | Name of country of citizenship   |                |                          |                                     |
| Have Permanent Resident Card? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                                      | Have Permanent Resident Card? <input type="checkbox"/> Yes <input type="checkbox"/> No                 |                |                          |                                     |
| If "Yes," Provide A #  |                                      | If "Yes," Provide A #  |                |                          |                                     |
| If No, does the proposed insured have a Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                                      | If No, does the proposed insured have a Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No |                |                          |                                     |
| If "Yes," Type of Visa: (provide copy)   |                                      | If "Yes," Type of Visa: (provide copy)   |                |                          |                                     |
| Intentions after expiration of Visa  |                                      | Intentions after expiration of Visa  |                |                          |                                     |
| Does the proposed insured own a home in the U.S.?  |                                      | Does the proposed insured own a home in the U.S.?  |                |                          |                                     |
| <input type="checkbox"/> Yes <input type="checkbox"/> No   |                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No   |                |                          |                                     |
| Are any family members U.S. Citizens or Permanent Residents?   |                                      | Are any family members U.S. Citizens or Permanent Residents?   |                |                          |                                     |
| <input type="checkbox"/> Yes <input type="checkbox"/> No   |                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No   |                |                          |                                     |
| If "Yes," give details   |                                      | If "Yes," give details   |                |                          |                                     |
| If no Permanent Resident Card and no Visa, please explain:   |                                      | If no Permanent Resident Card and no Visa, please explain:   |                |                          |                                     |
| 19. Within the past 5 years, has any proposed insured flown as a pilot, student pilot or crew member of any aircraft, or does any proposed insured have any intention to do so in the next 2 years? .....  |                                      |  |                | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If "Yes," Name   |                                      |  |                | Details                  |                                     |
| Name   |                                      |  |                | Details                  |                                     |
| If "Yes," submit an Aviation Questionnaire.  |                                      |  |                |                          |                                     |
| 20. Within the past 5 years, has any proposed insured engaged in motor sports events or racing (auto, truck, cycle, boat, etc.); rock or mountain climbing; skin or scuba diving; aeronautics (hang-gliding, sky diving, parachuting, ultra light, soaring, ballooning)? .....   |                                      |  |                | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If "Yes," Name   |                                      |  |                | Details                  |                                     |
| Name   |                                      |  |                | Details                  |                                     |
| If "Yes," submit an Avocation Questionnaire.   |                                      |  |                |                          |                                     |
| <b>AGENT USE ONLY</b>  |                                      |  |                |                          |                                     |
| MEDICAL EXAMINATION WILL BE SCHEDULED FOR: Primary Proposed Insured .....  |                                      |  |                | <input type="checkbox"/> | <input type="checkbox"/>            |
| Additional Proposed Insured .....  |                                      |  |                | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>For any person who will be scheduled for a medical examination, please complete Questions 21. a. and 21. b.</b>   |                                      |  |                |                          |                                     |
| 21. a. Within the past 5 years, has any proposed insured been diagnosed as having or been treated for alcoholism, cancer or malignancy, HIV, heart attack, angina, kidney failure, Type 1 diabetes, emphysema, organ transplant or stroke, or been advised to have any diagnostic test or surgery not yet performed? ..... |                                      |  |                | <input type="checkbox"/> | <input type="checkbox"/>            |
| If "Yes," name(s) of proposed insured(s)   |                                      |  |                |                          |                                     |
| b. Is any proposed insured age 71 or older? .....  |                                      |  |                | <input type="checkbox"/> | <input type="checkbox"/>            |
| If "Yes," name(s) of proposed insured(s)   |                                      |  |                |                          |                                     |
| If "Yes" to 21. a. or 21. b., no premium may be collected with this application.   |                                      |  |                |                          |                                     |

**Questions 22 through 38 are only for persons proposed for insurance who are NOT expected to be subject to a Medical Examination. All applicants may, nevertheless, be subject to a Medical Examination at the Company's option.**

Please complete questions 22-38 for each person who did not check "Yes" above, and for each child who is not an additional proposed insured:

22. a. Primary Proposed Insured: Height 6'0" Weight 190 lbs b. Additional Proposed Insured: Height \_\_\_\_\_ Weight \_\_\_\_\_  
 c. Has any proposed insured had a change in weight of 10 or more pounds in the past year? ..... ☐ ☒  
 If "Yes," Name \_\_\_\_\_ Details \_\_\_\_\_  
 If "Yes," Name \_\_\_\_\_ Details \_\_\_\_\_

23. Is any proposed insured currently taking any medication or under medical observation, treatment, or therapy? ..... ☐ ☒  
 If "Yes," Name \_\_\_\_\_  
 Give details including reasons for medication, treatment or therapy and name, address and telephone number of physician.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 If "Yes," Name \_\_\_\_\_  
 Give details including reasons for medication, treatment or therapy and name, address and telephone number of physician.  
 \_\_\_\_\_  
 \_\_\_\_\_

24. Within the past 5 years, has any proposed insured consulted a doctor or been a patient in a hospital, clinic or treatment facility, or gone to a hospital emergency room or walk-in or similar clinic for medical care or consultation? ..... ☐ ☒  
 If "Yes," Name \_\_\_\_\_  
 Date(s) \_\_\_\_\_ Duration \_\_\_\_\_ Type of Visit/Stay \_\_\_\_\_  
 (hospital, clinic, treatment facility, ER, walk-in or clinic)  
 Name, Address, and Telephone Number of the doctor, hospital, clinic, ER or treatment facility \_\_\_\_\_  
 \_\_\_\_\_  
 Give details \_\_\_\_\_  
 Name \_\_\_\_\_  
 Date(s) \_\_\_\_\_ Duration \_\_\_\_\_ Type of Visit/Stay \_\_\_\_\_  
 (hospital, clinic, treatment facility, ER, walk-in or clinic)  
 Name, Address, and Telephone Number of the doctor, hospital, clinic, ER or treatment facility \_\_\_\_\_  
 \_\_\_\_\_  
 Give details \_\_\_\_\_

25. In the immediate family of any proposed insured, is there a history of high blood pressure, heart disease prior to age 60, kidney disease, stroke, diabetes prior to age 55, sickle cell anemia, cerebrovascular disorder, aneurysm, or cancer? ..... ☐ ☒  
 If "Yes," Name of Proposed Insured: \_\_\_\_\_  
 Relationship to Proposed Insured \_\_\_\_\_ Type/Details \_\_\_\_\_  
 Name of Proposed Insured: \_\_\_\_\_  
 Relationship to Proposed Insured \_\_\_\_\_ Type/Details \_\_\_\_\_

26. Does any proposed insured have a history of high blood pressure? ..... ☐ ☒  

|   |   |
|---|---|
| If "Yes," Name _____  | If "Yes," Name _____  |
| Date of diagnosis _____   | Date of diagnosis _____   |
| Treatment _____   | Treatment _____   |
| Last blood pressure reading and date _____                        | Last blood pressure reading and date _____                        |
| Highest blood pressure reading in past 12 months _____            | Highest blood pressure reading in past 12 months _____            |
| Average blood pressure reading _____                              | Average blood pressure reading _____                              |
| Name and address of physician treating high blood pressure. _____ | Name and address of physician treating high blood pressure. _____ |
| _____   | _____   |
| _____   | _____   |
| _____   | _____   |

|   | YES                      | NO                                  |
|---|--------------------------|-------------------------------------|
| 27. Does any proposed insured have diabetes? .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>If "Yes," Name _____</p> <p>Date of diagnosis _____</p> <p>Describe treatment _____</p> <p>List any disability related to diabetes _____</p> <p>Last blood sugar or HA1C reading and date _____</p> <p>Has the proposed insured experienced diabetic coma, or vascular, kidney, heart, eye or other problems related to diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," provide details _____</p> <p>_____<br/> Name and address of physician treating diabetes<br/> _____<br/> _____<br/> _____</p> </div> <div style="width: 48%;"> <p>If "Yes," Name _____</p> <p>Date of diagnosis _____</p> <p>Describe treatment _____</p> <p>List any disability related to diabetes _____</p> <p>Last blood sugar or HA1C reading and date _____</p> <p>Has the proposed insured experienced diabetic coma, or vascular, kidney, heart, eye or other problems related to diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," provide details _____</p> <p>_____<br/> Name and address of physician treating diabetes<br/> _____<br/> _____<br/> _____</p> </div> </div> |                          |                                     |
| 28. Within the past 5 years, has any proposed insured consumed alcoholic beverages? .....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>If "Yes," Name _____</p> <p>Maximum No. of drinks per day _____ Type (Beer, Wine, Liquor) and Date of last use _____</p> <p>Name _____</p> <p>Maximum No. of drinks per day _____ Type (Beer, Wine, Liquor) and Date of last use _____</p> </div> <div style="width: 48%;"> <p>Average No. of drinks per week _____</p> <p>Average No. of drinks per week _____</p> </div> </div>   |                          |                                     |
| 29. Has any proposed insured ever received medical treatment or counseling from a physician for, or been advised by a physician to discontinue or reduce, the use of alcohol or prescribed or non-prescribed drugs (cocaine, marijuana, heroin, methamphetamine) or other controlled substances, or has any proposed insured used such a non-prescribed drug or controlled substance, or any prescription medication other than as prescribed by a physician? .....   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>If "Yes," Name _____ Date(s) _____ Duration _____ Type _____</p> <p>Details (including name, address and telephone number of the doctor, hospital, clinic or treatment facility) _____</p> <p>_____<br/> Name _____ Date(s) _____ Duration _____ Type _____</p> <p>Details (including name, address and telephone number of the doctor, hospital, clinic or treatment facility) _____</p> <p>_____</p> </div> <div style="width: 48%;"> <p>_____</p> </div> </div>  |                          |                                     |
| 30. Within the past 10 years, has any proposed insured been diagnosed as having or been treated for Acquired Immune Deficiency Syndrome (AIDS), or tested positive for the Human Immunodeficiency Virus (HIV)? .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>If "Yes," Name _____</p> <p>Name and Address of Physician _____</p> <p>If "Yes," Name _____</p> <p>Name and Address of Physician _____</p> </div> <div style="width: 48%;"> <p>Details _____</p> <p>Details _____</p> </div> </div>   |                          |                                     |
| 31. Within the past 12 months, has any proposed insured had one or more sores that have not healed, had changes in the appearance of a mole, experienced bleeding, chest pain, convulsions, dizziness, fatigue, hoarseness, numbness, or paralysis for which the cause is not known and for which a doctor has not been consulted? .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>If "Yes," Name _____</p> <p>Details _____</p> <p>Name _____</p> <p>Details _____</p> </div> <div style="width: 48%;"> <p>Date(s) _____ Duration _____ Type _____</p> <p>Date(s) _____ Duration _____ Type _____</p> </div> </div>   |                          |                                     |



|   | YES  | NO  |
|---|--|---|
| <p>32. In the past 24 months, has any proposed insured been advised by a member of the medical profession concerning any abnormal diagnostic test results, or been advised to have any diagnostic tests (including self-administered), treatment or surgery which was not completed or does any proposed insured have test results pending [except those tests related to the Human Immunodeficiency Virus (AIDS virus)]? .....</p> <p>If "Yes," Name _____ Date(s) _____ Type _____</p> <p>Details _____<br/>(including name, address and telephone number of the doctor, hospital, clinic or treatment facility)</p> <p>Name _____ Date(s) _____ Type _____</p> <p>Details _____<br/>(including name, address and telephone number of the doctor, hospital, clinic or treatment facility)</p>   | <input type="checkbox"/>   | <input checked="" type="checkbox"/>   |
| <p>33. Does any proposed insured have a pending appointment with any physician or other medical professional or have the intent to make such appointment within the next 60 days? .....</p> <p>If "Yes," Name _____ Date(s) _____ Type _____</p> <p>Details _____<br/>(including name, address and telephone number of the doctor, hospital, clinic or treatment facility)</p> <p>Name _____ Date(s) _____ Type _____</p> <p>Details _____<br/>(including name, address and telephone number of the doctor, hospital, clinic or treatment facility)</p>   | <input type="checkbox"/>   | <input checked="" type="checkbox"/>   |
| <p>34. Is any proposed insured currently a patient in or been advised to enter a hospital, nursing home, hospice or assisted living facility? .....</p> <p>If "Yes," Name _____ Details _____</p> <p>Name _____ Details _____</p>   | <input type="checkbox"/>   | <input checked="" type="checkbox"/>   |
| <p>35. Has any proposed insured made claim for or received disability (other than for routine pregnancy) or Worker's Compensation benefits in the past 5 years? .....</p> <p>If "Yes," Name _____ Type of Disability _____ Details _____</p> <p>Name _____ Type of Disability _____ Details _____</p>   | <input type="checkbox"/>   | <input checked="" type="checkbox"/>   |
| <p>36. Within the past 24 months, has any proposed insured:</p> <p>(a) experienced fainting, stumbling or falling while walking, problems with balance, deterioration in vision or hearing or shortness of breath? .....</p> <p>(b) received home health care services, physical therapy or rehabilitation therapy? .....</p> <p>(c) resided in senior citizen's housing or a retirement or assisted living community? .....</p> <p>(d) required assistance or supervision with or had any limitations in performing, any of the following daily activities: bathing, bladder and/or bowel control, eating, dressing, toileting or transferring (moving into or out of a bed, chair or wheelchair)? .....</p> <p>(e) required assistance with routine activities such as: using the phone, taking medications, paying bills, shopping, driving a car, traveling outside the home or preparing meals? .....</p>  | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>   | <input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/>   |
| <p>37. Has any proposed insured ever been diagnosed as having, or been treated for or consulted a licensed health care provider for any of the following. (If "Yes," check applicable boxes below.)</p> <p>(a) heart disease, heart attack, chest pain, shortness of breath, irregular heartbeat, heart murmur, high cholesterol or other disorder of the heart? .....</p> <p>(b) a blood clot, aneurysm, stroke, transient ischemic attack, or other disease or disorder of the arteries or veins? .....</p> <p>(c) cancer, malignant tumor or growth, leukemia, melanoma, Hodgkin's disease, non-Hodgkin's lymphoma, masses, cysts, polyps or other similar abnormalities? .....</p> <p>(d) a disease or disorder of the thyroid or other glands or a disease or disorder of the immune or lymphatic system? .....</p> <p>(e) a disease or disorder of the digestive system, throat, esophagus, stomach, intestine, liver, pancreas, or gall bladder? .....</p> <p>(f) a disease or disorder of the urinary tract, kidneys, bladder, or prostate, or polycystic kidneys, or protein in the urine? .....</p> <p>(g) a disease or disorder of the respiratory system, or asthma, chronic bronchitis, chronic obstructive pulmonary disease (COPD), emphysema, sleep apnea, or other lung disorder? .....</p> <p>(h) a disease or disorder of the nervous system, brain, or spinal cord, or cerebral palsy, multiple sclerosis, paralysis or seizures? .....</p> <p>(i) anxiety, depression or other mental disorder? .....</p> <p>(j) Alzheimer's disease or dementia? .....</p> <p>(k) glaucoma, macular degeneration, optic neuritis? .....</p> <p>(l) a disease or disorder of the blood, or anemia, hemophilia, sickle cell anemia? .....</p> <p>(m) a disease or disorder of the muscles or bones, including but not limited to the back or joints? .....</p> <p>(n) a disease or disorder of the reproductive system? .....</p> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/> |

38. Does any proposed insured have any symptoms or knowledge of any other condition that is **NOT** disclosed in previous questions? ..... **YES** ☐ **NO** ☒

Explain "Yes" answers to Questions 36-38.

| Name | Date | Duration | Details | Name(s) and Address(es) of Doctor(s) or Hospital(s) |
|------|------|----------|---------|---|
|      |      |          |         |   |
|      |      |          |         |   |
|      |      |          |         |   |
|      |      |          |         |   |

The space below may also be used to elaborate on any other question on this application.

### OWNER'S CERTIFICATION

Under penalties of perjury, I certify that the following number, 012-45-6789, is my correct taxpayer identification number, AND

Under penalties of perjury, I certify that I am not subject to backup withholding because:

- (a) I am exempt from backup withholding, or
- (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of failure to report all interest or dividends, or
- (c) the IRS has notified me that I am no longer subject to backup withholding, AND

Under penalties of perjury, I certify that I am a U.S. person (including a U.S. resident alien).

You must cross out item (b) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends in your tax return.

X John Doe June 1, 2011  
Signature of Owner Date

### Consent to Insurance on Life of Minor Primary Proposed Insured

I hereby consent to the insurance plan, amount and beneficiary designation shown on the application and also reaffirm the answers to the health questions as they pertain to the Minor Primary Proposed Insured.

X \_\_\_\_\_  
Signature of Biological/Adoptive Father or Mother or of Legal Guardian Date

X \_\_\_\_\_  
Signature of Biological/Adoptive Father or Mother or of Legal Guardian Date

### Consent to Children's Term Rider on Life of Minor Stepchild of Primary Proposed Insured or Additional Proposed Insured

I hereby consent to the insurance plan and amount shown on this application as to any biological and adopted child(ren) of mine listed in this application. I understand that the beneficiary of such applied-for coverage on such child(ren) will be the Owner of the policy. I affirm the answers to the health questions on this application as to such child(ren).

X \_\_\_\_\_  
Signature of Biological/Adoptive Father or Mother Date

### SECONDARY ADDRESSEE FOR CHRONIC ILLNESS ACCELERATED BENEFIT RIDER II (not applicable to any other coverage).

Name and address of person to receive notice of lapse or termination of the applied-for coverage (in addition to the payer of the Policy):

Name \_\_\_\_\_ Address \_\_\_\_\_

Protection Against Unintended Lapse: I understand that I have the right to designate at least one person other than myself to receive notice of lapse or termination of this accelerated death benefit rider for nonpayment of cost of insurance. I understand that notice will not be given until thirty (30) days after cost of insurance is due and unpaid. By not providing a name and address, I signify that I elect NOT to designate any person to receive such notice.

### AGENT'S CERTIFICATION

I certify that I have asked each question and that the answers have been truly and accurately recorded as given. I have recorded any unfavorable information which I have knowledge of concerning any proposed insured. I confirm that any and all signatures of the Primary Proposed Insured, Additional Proposed Insured, Owner and Witness(es) in this application were signed in my presence.

June 1, 2011 Sally Shield  
Date Signature of Licensed Agent

**ACKNOWLEDGEMENT – AGREEMENT – AUTHORIZATION – NOTICE**

I, the Primary Proposed Insured (and any Owner or Additional Proposed Insured signing below), by my signature set forth hereafter:

**Acknowledge** that, if a Conditional Receipt was issued to me as a result of this application, I have read, or have been given the opportunity to read or to have read to me, all terms and provisions of such Conditional Receipt.

**Agree** that, under the Conditional Receipt, if any, given to me as the result of this application and under any additional pending application for other life, accident and/or health insurance coverage from American General Life and Accident Insurance Company ("the Company"), the aggregate liability on account of all coverages applied for with the Company will be the amount of coverage applied for or \$250,000, whichever is less.

**Agree** that any temporary insurance arising under the terms of any Conditional Receipt given to me as a result of this application shall become effective only if and when such Conditional Receipt is delivered to the Owner.

**Agree** that all statements and answers in this application are complete and true to the best of my knowledge and belief and are the basis for any policy issued by the Company and agree that no information shall be deemed to have been given to the Company unless it is set forth in this application or in any supplemental application.

**Agree** that, except as stated in any Conditional Receipt, if such Conditional Receipt was given to me as a result of this application, the insurance will take effect on the Policy Date shown in the Policy if (a) the Policy has been delivered to me; (b) the first full modal premium for the Issued Policy has been paid while each proposed insured is alive; and (c) there has been no change in the health of any proposed insured that would change the answer to any question in this or any supplemental application before the conditions in items (a) and (b) above are met.

**Agree** that no agent of the Company or Medical Examiner has authority to waive any answer or otherwise modify this or any supplemental application or to bind the Company in any way by making any promise or representation which is not set out in writing in this application.

**Authorize:** (a) the Company to obtain an investigative consumer report on me; (b) any consumer reporting agency, employer, the Medical Information Bureau ("MIB"), and any governmental or other entity possessing non-health-related information concerning me to disclose such information to the Company, its reinsurers, and its legal representative. Any data obtained will be used by the Company to determine eligibility for insurance and will not be released by the Company to any person or organization, except to the Company's reinsurers, the MIB, other companies to whom I have applied or may apply for insurance coverage, other persons or organizations who perform business or legal services in connection with my application, and any entity to which release of such data is required by law. I know that I or my authorized representative may request to receive a copy of this Authorization. I agree that a facsimile of this Authorization shall be as valid as the original and that this Authorization shall be valid for the purpose of collecting information in connection with a claim for: (1) two and one-half years from the date shown below for the purpose of collecting information in connection with an application for insurance, (2) the term of coverage of the applied-for insurance policy, and (3) the duration of a claim for benefits.

**ACKNOWLEDGE** receipt of the following notices: (a) "Notice of Information Practices" required by Public Law 91-508 and other information practices statutes; (b) MIB Pre-Notice; and (c) Investigative Consumer Report.

**NOTICE: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.**

**NOTICE: Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.**

**PRIMARY PROPOSED INSURED** - If an investigative consumer report is prepared in connection with this application:

☒ I elect to be interviewed. ☐ I elect NOT to be interviewed.

**ADDITIONAL PROPOSED INSURED** - If an investigative consumer report is prepared in connection with this application:

☒ I elect to be interviewed. ☐ I elect NOT to be interviewed.

AGENT - To the best of your knowledge, is the insurance applied for intended to replace any existing insurance? ☐ Yes (Explain) ☒ No

Signed at Little Rock AR June 1, 2011 X John Doe  
City State Date SIGNATURE OF PRIMARY PROPOSED INSURED

X \_\_\_\_\_ X \_\_\_\_\_  
SIGNATURE OF ADDITIONAL PROPOSED INSURED SIGNATURE OF OWNER  
(IF APPLICABLE) (IF OTHER THAN PRIMARY PROPOSED INSURED)

X \_\_\_\_\_ X Sally Shield  
SIGNATURE OF WITNESS (IF APPLICABLE) SIGNATURE OF LICENSED AGENT

### MIB PRE-NOTICE

Information regarding your insurability will be treated as confidential. American General Life and Accident Insurance Company, or its reinsurer(s) may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901 (TTY 866 346-3642). If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

American General Life and Accident Insurance Company, or its reinsurer(s), may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at [www.mib.com](http://www.mib.com).

AGLA1000 MIB (1004)

### (NOT TO BE COMPLETED FOR PAYROLL DEDUCTION MODES) CONDITIONAL RECEIPT FOR PREMIUM DEPOSIT

This Receipt is Valuable. Keep It in a Safe Place.

On this date, American General Life and Accident Insurance Company ("the Company") has received \$ 67.33 for life insurance applied for on John Doe. We agree to provide temporary insurance if (a) this deposit is equal to at least

(Primary or Additional Proposed Insured)

one twelfth (1/12) of the annual premium for the policy applied for and (b) all persons for whom application is made are insurable in the opinion of the Company's authorized underwriters in Nashville, Tennessee for the plan, insurance amount, and premium applied for on the date of this premium deposit and on the date of any required medical examination.

ANY TEMPORARY INSURANCE UNDER THIS CONDITIONAL RECEIPT IS SUBJECT TO THE AMOUNT AND TERMS OF THE POLICY APPLIED FOR EXCEPT THAT THE AGGREGATE LIABILITY FOR TEMPORARY INSURANCE FOR EACH PROPOSED INSURED UNDER THIS CONDITIONAL RECEIPT AND UNDER CONDITIONAL RECEIPT FOR ANY ADDITIONAL, PENDING APPLICATION FOR OTHER LIFE, ACCIDENT AND/OR HEALTH INSURANCE COVERAGE FROM THE COMPANY WILL BE THE AMOUNT OF COVERAGE APPLIED FOR OR \$250,000.00, WHICHEVER IS LESS. IF TEMPORARY INSURANCE EXISTS UNDER THIS CONDITIONAL RECEIPT, IT WILL END UPON DELIVERY OF A POLICY OR 60 DAYS AFTER THE DATE OF THIS RECEIPT, IF EARLIER.

No agent has authority to change or waive the terms and conditions of this Receipt. This receipt is not valid if its date differs from that in the application or if any check tendered as a premium deposit shown above is not honored when presented for payment.

June 1

Date

, 2011

123

Local Office

4567

Agency No.

Sally Shield

Signature of Licensed Agent

**ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO THE COMPANY. DO NOT MAKE CHECK PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.**

AGLA1000-AR REV0611 CR

### (NOT TO BE COMPLETED FOR PAYROLL DEDUCTION MODES) CONDITIONAL RECEIPT FOR PREMIUM DEPOSIT

This Receipt is Valuable. Keep It in a Safe Place.

On this date, American General Life and Accident Insurance Company ("the Company") has received \$ \_\_\_\_\_ for life insurance applied for on \_\_\_\_\_. We agree to provide temporary insurance if (a) this deposit is equal to at least

(Primary or Additional Proposed Insured)

one twelfth (1/12) of the annual premium for the policy applied for and (b) all persons for whom application is made are insurable in the opinion of the Company's authorized underwriters in Nashville, Tennessee for the plan, insurance amount, and premium applied for on the date of this premium deposit and on the date of any required medical examination.

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No agent has authority to change or waive the terms and conditions of this Receipt. This receipt is not valid if its date differs from that in the application or if any check tendered as a premium deposit shown above is not honored when presented for payment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Local Office

\_\_\_\_\_  
Agency No.

\_\_\_\_\_  
Signature of Licensed Agent

**ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO THE COMPANY. DO NOT MAKE CHECK PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.**

AGLA1000-AR REV0611 CR

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Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901 (TTY 866 346-3642). If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

American General Life and Accident Insurance Company, or its reinsurer(s), may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at [www.mib.com](http://www.mib.com).

AGLA1000 MIB (1004)

AGLA1000-AR REV0611

## NOTICE OF INFORMATION PRACTICES

American General Life and Accident Insurance Company wishes to notify you that in processing your application for insurance, a Consumer Investigative Report may be prepared as to the character, general reputation, personal characteristics and/or mode of living of any person to be insured. The information for this report will be obtained through personal interviews with your friends, neighbors and acquaintances.

You have the right to make a written request within a reasonable time period to receive additional information about the nature and scope of this investigation.

(Printed in compliance with Public Law 91-508 and certain privacy protection statutes)

AGLA1000 NIP (1004)

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## NOTICE TO HOLDER OF CONDITIONAL RECEIPT

This Receipt is Valuable. Do Not Destroy or Lose.

We will refund the premium deposit if we:

- (a) decline to issue insurance; or
- (b) issue a policy other than as applied for and you do not accept it.

If you do not receive a policy within 60 days from the date of deposit, return this Receipt for refund to our Local Office or to our Home Office, American General Center, Nashville, TN 37250-0001.

AGLA1000-AR REV0611 CR

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## NOTICE TO HOLDER OF CONDITIONAL RECEIPT

This Receipt is Valuable. Do Not Destroy or Lose.

We will refund the premium deposit if we:

- (a) decline to issue insurance; or
- (b) issue a policy other than as applied for and you do not accept it.

If you do not receive a policy within 60 days from the date of deposit, return this Receipt for refund to our Local Office or to our Home Office, American General Center, Nashville, TN 37250-0001.

AGLA1000-AR REV0611 CR

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You have the right to make a written request within a reasonable time period to receive additional information about the nature and scope of this investigation.

(Printed in compliance with Public Law 91-508 and certain privacy protection statutes)

AGLA1000 NIP (1004)

AGLA1000-AR REV0611

**American General Life and Accident Insurance Company**

AGLACHoice Guaranteed Plus Annual Statement (Beginning April 1, 2012 and Ending March 31, 2013)

**Policy Owner:** JOHN DOE  
**Policy Insured:** JOHN DOE  
**Issue Date:** 4/1/2012

**Policy Number:** 123456789  
**Death Benefit:** 100,000 (as of 3/31/2013)  
**Issue Age:** 35

This statement is an annual summary of your policy values. Thank you for the opportunity to continue to serve your insurance needs. If you have any questions, contact your sales representative, Jane Smith, at 111-111-1111.

**Account Summary for Year Ending March 31, 2013**

|                                    | Beginning Balance | Ending Balance | Change in Value |
|------------------------------------|-------------------|----------------|-----------------|
| <b>Account/Accumulation Value:</b> | \$0.00            | \$292.84       | \$292.84        |
| <b>Cash Surrender Value:</b>       | \$0.00            | \$0.00         | \$0.00          |

**Account Details for Year Ending March 31, 2013**

|                           | Account/<br>Accumulation<br>Value | Net Cash<br>Surrender<br>Value <sup>1</sup> | Premiums<br>Paid<br>(+) | Cost of<br>Insurance<br>(-) | Additional<br>Fees and<br>Charges <sup>2</sup> | Cost of<br>Riders <sup>3</sup><br>(-) | Interest<br>Credited <sup>4</sup><br>(+) |
|---------------------------|-----------------------------------|---|-------------------------|-----------------------------|--|---------------------------------------|--|
| <i>Beginning Balance:</i> | <b>\$0.00</b>                     | <b>\$0.00</b>                               |                         |                             |  |                                       |  |
| <b>April</b>              | 0.00                              | 0.00  | 900.00                  | 8.91                        | 105.20   | 0.00                                  | 2.41                                     |
| <b>May</b>                | 788.30                            | 0.00  | 0.00                    | 8.91                        | 37.70  | 0.00                                  | 2.28                                     |
| <b>June</b>               | 743.97                            | 0.00  | 0.00                    | 8.92                        | 37.70  | 0.00                                  | 2.14                                     |
| <b>July</b>               | 699.49                            | 0.00  | 0.00                    | 8.92                        | 37.70  | 0.00                                  | 2.01                                     |
| <b>August</b>             | 654.88                            | 0.00  | 0.00                    | 8.93                        | 37.70  | 0.00                                  | 1.87                                     |
| <b>September</b>          | 610.12                            | 0.00  | 0.00                    | 8.93                        | 37.70  | 0.00                                  | 1.73                                     |
| <b>October</b>            | 565.22                            | 0.00  | 0.00                    | 8.93                        | 37.70  | 0.00                                  | 1.59                                     |
| <b>November</b>           | 520.18                            | 0.00  | 0.00                    | 8.94                        | 37.70  | 0.00                                  | 1.45                                     |
| <b>December</b>           | 474.99                            | 0.00  | 0.00                    | 8.94                        | 37.70  | 0.00                                  | 1.32                                     |
| <b>January</b>            | 429.67                            | 0.00  | 0.00                    | 8.95                        | 37.70  | 0.00                                  | 1.18                                     |
| <b>February</b>           | 384.20                            | 0.00  | 0.00                    | 8.95                        | 37.70  | 0.00                                  | 1.04                                     |
| <b>March</b>              | 338.59                            | 0.00  | 0.00                    | 8.95                        | 37.70  | 0.00                                  | 0.90                                     |
| <i>Ending Balance:</i>    | <b>292.84</b>                     | <b>0.00</b>                                 | <b>900.00</b>           | <b>107.18</b>               | <b>519.90</b>                                  | <b>0.00</b>                           | <b>19.92</b>                             |



**Quality of Life...<sup>®</sup>**  
**Insurance**  
 Your Money. Your Insurance. Your Choice.

**AGLA<sup>®</sup>**

**American General Life and Accident Insurance Company**  
AGLACHoice Guaranteed Plus Annual Statement (Beginning April 1, 2012 and Ending March 31, 2013)

**Continuation Guarantee Benefit:**

**STATUS OF YOUR POLICY GUARANTEE**

Your policy contains a Continuation Guarantee (CG) that provides a benefit designed to continue your insurance coverage within defined limits as outlined in your policy even if your accumulation value less surrender charge less any indebtedness is not large enough to cover the monthly deduction. When the policy's accumulation value less surrender charge less any indebtedness is not greater than zero, the CG benefit will keep the policy in force as long as the value of the Continuation Guarantee Account ("CG Account") is greater than or equal to zero.

Future actions, such as failing to pay interest on outstanding loans or taking withdrawals or partial surrenders, may affect the premiums required to keep the CG in effect and may adversely affect your CG benefit.

Continuation Guarantee: The value of the CG Account as of the end of the current reporting period is \$266.96. The CG Account does not provide additional policy value or Death Benefit proceeds.

Please review your policy from for further information regarding your Continuation Guarantee benefit.

The following footnotes pertain to the account detail.

---

<sup>1</sup> Net Cash Surrender Value is equal to Cash Value less any outstanding loan balance. Cash Value is equal to the greater of the account value less any applicable surrender charge or the guaranteed cash value, if any, under the policy.

<sup>2</sup> Additional fees and charges vary by product. Please refer to your policy for details regarding applicable fees and charges.

<sup>3</sup> See the policy for details concerning riders.

<sup>4</sup> The current declared interest crediting rate on monies received on 4/1/2013 is 3.75%.

*If no additional premiums are paid, this policy will terminate on 1) September 1, 2013, based on the guaranteed interest rate 2) September 1, 2013 based on the current interest rate.*

Important Policy Owner Notice: You should consider requesting more detailed information about your policy to understand how it may perform in the future. You should not consider replacement of your policy or make changes in your coverage without requesting an inforce quote or an illustration if an illustration is permitted. You may annually request, without charge, such information by calling [1-800-888-AGLA], writing to American General Life and Accident Insurance Company at American General Center, Nashville, TN 37250, or contacting your agent. If you do not receive the requested information for your policy within 30 days from your request, you should contact your state insurance department.



**STATEMENT OF POLICY COST AND BENEFIT INFORMATION****American General Life and Accident Insurance Company**

*A Member Company of American International Group, Inc.  
American General Center  
Nashville, Tennessee 37250-0001*

DATE PREPARED – 04/1/2012

POLICY NUMBER – 123456789

DISTRICT CODE – TN01  
DISTRICT NAME – NASHVILLE  
DISTRICT ADDR – 123 4TH STREET  
NASHVILLE TN 37250

AGENCY CODE – 0101  
AGENT NAME – JANE SMITH

PREPARE FOR – JOHN DOE

AGE–SEX – 35–MALE

PREMIUM CLASS – STANDARD – NO TOBACCO

DEATH BENEFIT OPTION – A

PLAN – DEATH BENEFIT PROCEEDS PAYABLE AT DEATH PRIOR TO AGE 121. FLEXIBLE PREMIUMS PAYABLE DURING THE LIFETIME OF THE INSURED UNTIL AGE 121. NON-PARTICIPATING.

POLICY LOAN INTEREST RATE – 8.00% IN ARREARS.

| POLICY YEAR | ANNUALIZED PREMIUM* | BEGINNING OF YR DEATH BENEFIT** | END OF YR ACCUMULATION VALUE** | END OF YR CASH VALUE** |
|-------------|---------------------|---------------------------------|--------------------------------|------------------------|
| 1           | 900.00              | 100,000                         | 110                            | 0                      |
| 2           | 900.00              | 100,000                         | 217                            | 0                      |
| 3           | 900.00              | 100,000                         | 320                            | 0                      |
| 4           | 900.00              | 100,000                         | 417                            | 0                      |
| 5           | 900.00              | 100,000                         | 508                            | 0                      |
| 6           | 900.00              | 100,000                         | 592                            | 0                      |
| 7           | 900.00              | 100,000                         | 666                            | 0                      |
| 8           | 900.00              | 100,000                         | 726                            | 0                      |
| 9           | 900.00              | 100,000                         | 771                            | 0                      |
| 10          | 900.00              | 100,000                         | 796                            | 0                      |
| 11          | 900.00              | 100,000                         | 800                            | 0                      |
| 12          | 900.00              | 100,000                         | 781                            | 0                      |
| 13          | 900.00              | 100,000                         | 738                            | 0                      |
| 14          | 900.00              | 100,000                         | 679                            | 0                      |
| 15          | 900.00              | 100,000                         | 604                            | 0                      |
| 16          | 900.00              | 100,000                         | 503                            | 0                      |
| 17          | 900.00              | 100,000                         | 373                            | 0                      |
| 18          | 900.00              | 100,000                         | 203                            | 0                      |
| 19          | 900.00              | 100,000                         | 0                              | 0                      |
| 20          | 900.00              | 100,000                         | 0                              | 0                      |
| AGE 60      | 900.00              | 100,000                         | 0                              | 0                      |
| AGE 65      | 900.00              | 100,000                         | 0                              | 1,788                  |

\* PLANNED PERIODIC PREMIUM (INCLUDING RIDERS) \$900.00 PAID ANNUALLY.

\*\* VALUES SHOWN REFLECT TERM CHARGES AND INTEREST RATES AT GUARANTEED LEVELS. GUARANTEED INTEREST RATE IS 2.000% FOR ALL YEARS.

THIS POLICY CONTAINS A CONTINUATION GUARANTEE BENEFIT. PLEASE SEE THE NEXT PAGE FOR ADDITIONAL DETAILS.

BASED ON GUARANTEED VALUES, POLICY MATURES AT AGE 121.

CONTINUED ON BACK

|  |                                       |                           |
|--|---------------------------------------|---------------------------|
|  |                                       | POLICY NUMBER – 123456789 |
| AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY   |                                       |                           |
| AMERICAN GENERAL CENTER  |                                       |                           |
| NASHVILLE, TENNESSEE 37250-0001  |                                       |                           |
| STATEMENT OF POLICY COST AND BENEFIT INFORMATION (CONTINUED)   |                                       |                           |
|  | DATE PREPARED – 04/1/2012             | POLICY NUMBER – 123456789 |
|  | DISTRICT CODE – TN01                  | AGENCY CODE – 0101        |
|  | DISTRICT NAME – NASHVILLE             | AGENT NAME – JANE SMITH   |
|  | DISTRICT ADDR – 123 4TH STREET        |                           |
|  | NASHVILLE TN 37250                    |                           |
|  |                                       |                           |
|  | PREPARE FOR – JOHN DOE                | AGE–SEX – 35–MALE         |
|  | PREMIUM CLASS – STANDARD – NO TOBACCO | DEATH BENEFIT OPTION – A  |
|  |                                       |                           |
|  | NET PAYMENT COST INDEX                | SURRENDER COST INDEX      |
|  | GUARANTEED                            | GUARANTEED                |
| YEAR 10  | 9.00                                  | 9.00                      |
| YEAR 20  | 9.00                                  | 9.00                      |
| EXPLANATIONS OF INTENDED USE OF THESE INDEXES ARE PROVIDED IN THE LIFE INSURANCE BUYER'S GUIDE.  |                                       |                           |
|  |                                       |                           |
|  |                                       |                           |
| THIS DISCLOSURE IS FOR YOUR PROTECTION. IT PROVIDES BASIC INFORMATION ABOUT THE COST AND COVERAGE OF THIS POLICY. READ IT CAREFULLY. IT IS NOT AN OFFER TO CONTRACT AND DOES NOT ALTER OR MODIFY ANY POLICY OR RIDER.  |                                       |                           |
|  |                                       |                           |
| AT ANY TIME DURING THE FIRST SEVEN YEARS OF THE CONTRACT OR AT ANY TIME DURING THE FIRST SEVEN YEARS AFTER A MATERIAL CHANGE, IF THE SUM OF PREMIUMS PAID EXCEEDS THE AMOUNT ALLOWED UNDER THE TECHNICAL AND MISCELLANEOUS REVENUE ACT OF 1988, THE POLICY IS CONSIDERED TO HAVE BECOME A MODIFIED ENDOWMENT CONTRACT (MEC). A DISTRIBUTION (INCLUDING BUT NOT LIMITED TO A LOAN) FROM AN MEC WILL BE TAXED ON AN INCOME-FIRST BASIS. THE TAXABLE PORTION OR A DISTRIBUTION PRIOR TO AGE 59 ½ MAY BE SUBJECT TO AN ADDITIONAL 10% PENALTY TAX BY THE INTERNAL REVENUE SERVICE. |                                       |                           |

THE POLICY CONTAINS A CONTINUATION GUARANTEE (CG) THAT PROVIDES A BENEFIT DESIGNED TO CONTINUE INSURANCE COVERAGE WITHIN DEFINED LIMITS AS OUTLINED IN THE POLICY EVEN IF THE ACCUMULATION VALUE LESS SURRENDER CHARGE LESS ANY INDEBTEDNESS IS NOT LARGE ENOUGH TO COVER THE MONTHLY DEDUCTION. WHEN THE POLICY ACCUMULATION VALUE LESS SURRENDER CHARGE LESS ANY INDEBTEDNESS IS NOT GREATER THAN ZERO, THE CG BENEFIT WILL KEEP THE POLICY IN FORCE AS LONG AS THE VALUE OF THE CONTINUATION GUARANTEE ACCOUNT ("CG ACCOUNT") IS GREATER THAN OR EQUAL TO ZERO. THE NUMBER OF YEARS THAT THE POLICY IS SHOWN ON THIS STATEMENT TO STAY IN FORCE ASSUMES THAT THE COMPANY RECEIVES ALL PREMIUMS BY THE BEGINNING OF EACH MODAL PERIOD. ANY DEVIATIONS FROM THE AMOUNT, FREQUENCY, OR TIMING OF PREMIUM PAYMENTS MAY CAUSE THE POLICY TO NOT CONTINUE FOR THE NUMBER OF YEARS SHOWN ON THIS STATEMENT. FUTURE ACTIONS, SUCH AS FAILING TO PAY INTEREST ON OUTSTANDING LOANS OR TAKING PARTIAL SURRENDERS, MAY AFFECT THE PREMIUMS REQUIRED TO KEEP THE CG IN EFFECT AND MAY ADVERSELY AFFECT YOUR CG BENEFIT.

**Statement of Variability**  
**Description of Bracketed Items on the Policy Schedule**  
**Policy Form AGLA 12UCG**

| BRACKETED ITEM   | DESCRIPTION OF BRACKETED ITEM   |
|--|---|
| <b>POLICY DATA (Page 1)</b>  |   |
| <b>Insured</b> – [John Doe]  | This field displays the name of primary Insured covered under the policy. The name is fixed at issue.   |
| <b>Age</b> – [35]  | This field displays the issue age of the Insured. The range of values is 0-85. The age is fixed at issue.   |
| <b>Gender</b> – [Male]   | This field displays the gender of the Insured. The possible values are either Male or Female. The gender is fixed at issue.   |
| <b>Policy Number</b> – [123456789]   | This field displays the number used to identify the policy in internal Company administrative systems. The policy number is a nine-digit number that is fixed at issue.   |
| <b>Date of Issue</b> – [April 1, 2012]   | This field displays the date on which the policy is issued. The range of values is from 4/1/2012 to 12/31/9999. This date is fixed at issue.  |
| <b>Initial Specified Amount</b> – [\$100,000]                                    | This field displays the specified amount of the policy on the date of issue. The range of values is \$25,000 to \$10,000,000.   |
| <b>[State Insurance Department]</b><br><b>[Telephone Number: [xxx-xxx-xxxx]]</b> | This field displays the name and telephone number of the Insurance Department in the state in which the policy is issued.   |
|  |   |
| <b>POLICY SCHEDULE</b>   |   |
| <b>BASIC POLICY</b><br><b>Flexible Premium Adjustable Life Insurance</b>         | <b>Years Payable</b><br><b>[86]</b>   |
| <b>Premium Class</b> – [Standard – Non Tobacco]                                  | This field displays the number of years that a monthly cost of insurance is due under the basic policy. This is equal to 121 minus the age on the date of issue.  |
|  | This field displays the Insured's premium class. The possible values for this field are:<br>Standard/Aggregate<br>Aggregate/Rated<br>Preferred – Non-Tobacco<br>Standard – Non-Tobacco<br>Preferred – Tobacco<br>Standard – Tobacco<br>Rated – Non-Tobacco<br>Rated – Tobacco |
| <b>Initial Premium</b> – [\$900.00]  | This field displays the premium paid on the date of issue.  |
| <b>Planned Periodic Premium</b> – [\$900.00]                                     | This field displays the periodic premium indicated in the application.  |
| <b>Due Date (for Planned Periodic Premium)</b> –<br>(1st Day of Each April)      | This field displays the due date for each planned periodic premium based on the premium mode selected in the application.   |
| <b>Deduction Day</b> – [1st] Day of Each Month                                   | This field displays the date on which the Monthly Deduction is deducted from the Accumulation Value. Day shown is the same as the day of the month that the policy is issued.   |

| BRACKETED ITEM   |  |  | DESCRIPTION OF BRACKETED ITEM   |
|--|--|--|---|
| <b>POLICY SCHEDULE (Continued)</b>   |  |  |   |
| <b>Referenced Premium – [\$825.00]</b>   |  |  | This field displays the referenced premium which is used to determine the amount of the premium expense charge for the base policy and the continuation guarantee account. This amount varies based on the Insured's issue age, gender and premium class.   |
| <div> <div>Guaranteed</div> <div>Initial</div> </div><br><b>Premium Expense Charge Percentage:<br/>Applied to Cumulative Premium Amount<br/>Paid in a Policy Year Which is<br/>Less Than or Equal to<br/>Referenced Premium -</b> <div> <div>[10.0%]</div> <div>[7.50%]</div> </div> |  |  | <p>These fields display the guaranteed and initial premium expense charge percentage applied to the cumulative premium amount in a policy year if such amount is less than or equal to the Referenced Premium. This guaranteed premium expense percentage is set at policy issue and will be within the following range of values: 0% - 50%. This guaranteed premium expense charge percentage will not change once it is set at policy issue. The company may declare a new guaranteed premium expense charge percentage that will apply to new issues.</p> <p>The initial premium expense charge percentage is set at policy issue and will never exceed the guaranteed premium expense charge percentage for the policy.</p> |
| <div> <div>Guaranteed</div> <div>Initial</div> </div><br><b>Premium Expense Charge Percentage:<br/>Applied to Cumulative Premium Amount<br/>Paid in a Policy Year Which is<br/>Greater Than Referenced Premium -</b> <div> <div>[10.0%]</div> <div>[7.50%]</div> </div>              |  |  | <p>These fields display the guaranteed and initial expense charge applied to the cumulative premium amount in a policy year if such amount is greater than the Referenced Premium. This guaranteed premium expense percentage is set at policy issue and will be within the following range of values: 0% - 50%. This guaranteed premium expense charge percentage will not change once it is set at policy issue. The company may declare a new guaranteed premium expense charge percentage that will apply to new issues.</p> <p>The initial premium expense charge percentage is set at policy issue and will never exceed the guaranteed premium expense charge percentage for the policy.</p>                             |
| <div> <div>Guaranteed</div> <div>Initial</div> </div><br><b>Monthly Administration Fee -</b> <div> <div>[\$20.00]</div> <div>[\$7.70]</div> </div>   |  |  | <p>These fields display the guaranteed and initial values for the monthly administration fee. The guaranteed monthly administration fee is set at policy issue and will be within the following range of values: \$0.00 - \$50.00. The guaranteed monthly administration fee will not change once it is set at policy issue. The company may declare a new guaranteed monthly administration fee that will apply to new issues.</p> <p>The initial monthly administration fee is set at policy issue and will never exceed the guaranteed monthly administration fee for the policy.</p>  |



| <b>BRACKETED ITEM</b>   | <b>DESCRIPTION OF BRACKETED ITEM</b>  |
|---|---|
| <b>Premium Expense Charge Percentage Applied to Cumulative Premium Amount Paid in a Policy Year Which is Greater Than Referenced Premium - [30.00%]</b> | This field displays the continuation guarantee premium expense charge percentage applied to the cumulative premium amount in a policy year if such amount is greater than the Referenced Premium. This premium expense percentage is set at policy issue and will be within the following range of values: 0% - 50%. The company may declare a new continuation guarantee premium expense charge percentage that will apply to new issues.  |
| <b>Continuation Guarantee Death Benefit Factor – [1.0024663]</b>  | This field displays the death benefit factor applicable to the continuation guarantee accounts and used in the calculation of the continuation guarantee net amount at risk. The range of values is 1.0008295 – 1.0040742.  |
| <b>Continuation Guarantee Monthly Expense Charge – [\$30.00]</b>  | The field displays the monthly expense charge applicable to continuation guarantee accounts. This monthly expense charge varies depending on the Insured's gender, issue age and premium class. The continuation guarantee monthly expense charge is set at policy issue and will be calculated by multiplying the applicable rate per 1,000 between \$0 and \$10.00, by the Initial Specified Amount in 1,000s. The continuation guarantee monthly expense charge will not change once it is set at policy issue. The continuation guarantee monthly expense charge may differ between new and inforce policies. |
| <b>Continuation Guarantee Monthly Expense Charge Duration Period – [All Policy Years]</b>   | This field displays the number of policy years for which a specific continuation guarantee monthly expense charge is deducted.<br><br>The possible values for this field are:<br>First Policy Year, First 2 Policy Years, ..., First 120 Policy Years, or All Policy Years.   |
| <b>Continuation Guarantee Monthly Administration Fee - [\$20.00]</b>  | This field displays the value for the monthly administration fee applicable to continuation guarantee accounts. The continuation guarantee monthly administration fee is set at policy issue and will be within the following range of values: \$0.00 - \$50.00. The continuation guarantee monthly administration fee will not change once it is set at policy issue. The company may declare a new continuation guarantee monthly administration fee that will apply to new issues.   |
| <b>Maturity Date – [April 1, 2098]</b>  | This is the date on which the policy matures. This is set to the first policy anniversary on or after the insured's 121 <sup>st</sup> birthday.   |
| <b>Page 21 – TABLE OF CONTINUATION GUARANTEE MONTHLY COST OF INSURANCE RATES PER \$1,000 OF CONTINUATION GUARANTEE NET AMOUNT AT RISK</b>               | This table varies based on the Insured's issue age, gender and premium class. It is used when the value of Continuation Guarantee Account 3 is zero. The continuation guarantee monthly cost of insurance rates per 1,000 will not change once they are set at policy issue. These rates will be within the following range of values: 0.00 - 83.3333. The continuation guarantee monthly cost of insurance rates may differ between new and inforce policies.  |

| BRACKETED ITEM  | DESCRIPTION OF BRACKETED ITEM  |
|---|--|
| <p>Page 23 – <b>TABLE OF GUARANTEED CASH VALUE FACTORS PER \$1,000 OF SPECIFIED AMOUNT</b></p>          | <p>This table varies based on the Insured's issue age, gender and premium class.</p> <p>The guaranteed cash value factors per 1,000 will not change once they are set at policy issue. These factors will be within the following range of values: 0.00 – 1,000.00. The guaranteed cash value factors per 1,000 may differ between new and inforce policies.</p>                   |
| <p>Page 24 – <b>TABLE OF CONTINUATION GUARANTEE ACCOUNT FACTORS PER \$1,000 OF SPECIFIED AMOUNT</b></p> | <p>This table varies based on the Insured's issue age, gender and premium class.</p> <p>The continuation guarantee account factors per 1,000 will not change once they are set at policy issue. These factors will be within the following range of values: 0.00 – 1,000.00. The continuation guarantee account factors per 1,000 may differ between new and inforce policies.</p> |

# POLICY SCHEDULE

## Schedule of Benefits

### BASIC POLICY

### Years Payable

### Monthly Cost of Insurance

Flexible Premium Adjustable Life Insurance

[86]

See Page 25

\* The rates shown on Pages 21, 22 and 25 are to be modified, as follows:

-- add \$0.42 to each rate for all Policy Years

## Schedule of Premiums & Expense Charges

Premium Class - [Special – Non-Tobacco]

Initial Premium - [\$1,404.00]

Planned Periodic Premium - [\$1,404.00]

Due Date (for Planned Periodic Premium) - [1<sup>st</sup> Day of Each April]

Deduction Day - [1<sup>st</sup>] Day of Each Month

Referenced Premium - [\$1,329.00]

|  | Guaranteed         | Initial  |
|--|--------------------|----------|
| Premium Expense Charge Percentage Applied to Cumulative Premium Amount Paid in a Policy Year Which is Less Than or Equal to Referenced Premium - | [10.00%]           | [7.50%]  |
| Premium Expense Charge Percentage Applied to Cumulative Premium Amount Paid in a Policy Year Which is Greater Than Referenced Premium -          | [10.00%]           | [7.50%]  |
| Monthly Administration Fee -   | [\$20.00]          | [\$7.70] |
| Monthly Expense Charge Rate Per \$1,000 of Initial Specified Amount -  | [\$0.30]           | [\$0.30] |
| Monthly Expense Charge Duration -  | [All Policy Years] |          |

## Decreases in Specified Amount

Minimum Specified Amount - [\$45,000]

## Surrenders

Partial Surrender Charge - [\$25]

Surrender Charge Period - [19] Years

Minimum Cash Surrender Value After Partial Surrender - [\$250.00]



## POLICY SCHEDULE

(Continued)

|   |
|---|
| <b>Table of Surrender Charges per \$1,000 of Initial Specified Amount</b> |
|---|

| Year of Surrender | Surrender Charge per \$1,000 | Year of Surrender | Surrender Charge per \$1,000 |
|-------------------|------------------------------|-------------------|------------------------------|
| [1                | [\$19.52]                    | [11               | [\$16.14]                    |
| 2                 | [ 19.37]                     | 12                | [ 14.34]                     |
| 3                 | [ 19.22]                     | 13                | [ 12.55]                     |
| 4                 | [ 19.05]                     | 14                | [ 10.76]                     |
| 5                 | [ 18.88]                     | 15                | [ 8.97]                      |
| 6                 | [ 18.70]                     | 16                | [ 7.17]                      |
| 7                 | [ 18.52]                     | 17                | [ 5.38]                      |
| 8                 | [ 18.33]                     | 18                | [ 3.59]                      |
| 9                 | [ 18.13]                     | 19                | [ 1.79]                      |
| 10]               | [ 17.93]                     | 20+]              | [ 0.00]                      |

The above charges apply to each \$1,000 of the Initial Specified Amount surrendered during the Surrender Charge Period. The charge for Surrender of all or any portion of the Initial Specified Amount will be equal to the rate shown above multiplied by the number of thousands of the Initial Specified Amount being surrendered. There will be a charge not to exceed the Partial Surrender Charge shown in the Surrenders section above for each Partial Surrender.

|                        |
|------------------------|
| <b>Mortality Table</b> |
|------------------------|

2001 Commissioners Standard Ordinary Male or Female, Composite ALB Mortality Table to Attained Age 19. Thereafter, the 2001 Commissioners Standard Ordinary Male or Female, Smoker or Nonsmoker ALB Mortality Table will apply.

|                                 |
|---------------------------------|
| <b>Guaranteed Interest Rate</b> |
|---------------------------------|

**Guaranteed Interest Rate** - 0.16516% per month, compounded monthly

(This is equivalent to 2% per year, compounded annually.)

|              |
|--------------|
| <b>Loans</b> |
|--------------|

**Annual Policy Loan Interest Rate** - 8.00%

**Preferred Loan Start Date** - [10<sup>th</sup> Policy Anniversary]

|                                    |
|------------------------------------|
| <b>Accumulation Value Interest</b> |
|------------------------------------|

Interest at the rate declared by Us will be applied to any Accumulation Value in excess of any Loan Balance. Interest at the guaranteed rate will be credited to the amount of any outstanding Loan Balance less any Preferred Loan Balance. Interest at a rate declared by Us will be credited to the amount of any outstanding Preferred Loan Balance.

## POLICY SCHEDULE

(Continued)

|  |
|--|
| <b>Continuation Guarantee Accounts</b> |
|--|

| <b>Continuation Guarantee Account</b> | <b>Account Interest Rate</b> |
|---------------------------------------|------------------------------|
| CG Account 1                          | [6.40%]                      |
| CG Account 2                          | [6.20%]                      |
| CG Account 3                          | [2.00%]                      |

**Continuation Guarantee Premium Expense Charge Percentage:**

**Premium Expense Charge Percentage Applied to  
Cumulative Premium Amount Paid in a Policy Year  
Which is Less Than or Equal to Referenced Premium** - [7.50%]

**Premium Expense Charge Percentage Applied to  
Cumulative Premium Amount Paid in a Policy  
Year Which is Greater Than Referenced Premium** - [30.00%]

**Continuation Guarantee Death Benefit Factor** - [1.0024663]  
**Continuation Guarantee Monthly Expense Charge** - [\$30.00]  
**Continuation Guarantee Monthly Expense Charge Duration Period** - [All Policy Years]  
**Continuation Guarantee Monthly Administrative Fee** - [\$20.00]

|                      |
|----------------------|
| <b>Maturity Date</b> |
|----------------------|

[April 1, 2098]

|   |
|---|
| Coverage may expire prior to the Maturity Date shown where either (1) no additional premiums are paid following payment of the Initial Premium or (2) subsequent premiums are insufficient to continue coverage to maturity and the requirements of the Continuation Guarantee have not been met. The duration of coverage will depend on the amount, timing and frequency of premium payments, the interest rate credited, cost of insurance charges, any loans or withdrawals, acceptance of benefits under an accelerated death benefit rider attached to this Policy and policy decreases. If coverage continues to maturity, it is possible that there may be little or no Cash Surrender Value to be paid on that date. |
|---|

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# POLICY SCHEDULE

## Schedule of Benefits

### BASIC POLICY

Years Payable

Monthly Cost  
of Insurance

Flexible Premium Adjustable Life Insurance

[86]

See Page 25

\* The rates shown on Pages 21, 22 and 25 are to be modified, as follows:

-- multiple by 1.50 for all Policy Years

## Schedule of Premiums & Expense Charges

Premium Class - [Special – Non-Tobacco]

Initial Premium - [\$1,350.00]

Planned Periodic Premium - [\$1,350.00]

Due Date (for Planned Periodic Premium) - [1<sup>st</sup> Day of Each April]

Deduction Day - [1<sup>st</sup>] Day of Each Month

Referenced Premium - [\$1,237.50]

|  | Guaranteed         | Initial  |
|--|--------------------|----------|
| Premium Expense Charge Percentage Applied to Cumulative Premium Amount Paid in a Policy Year Which is Less Than or Equal to Referenced Premium - | [10.00%]           | [7.50%]  |
| Premium Expense Charge Percentage Applied to Cumulative Premium Amount Paid in a Policy Year Which is Greater Than Referenced Premium -          | [10.00%]           | [7.50%]  |
| Monthly Administration Fee -   | [\$20.00]          | [\$7.70] |
| Monthly Expense Charge Rate Per \$1,000 of Initial Specified Amount -  | [\$0.30]           | [\$0.30] |
| Monthly Expense Charge Duration -  | [All Policy Years] |          |

## Decreases in Specified Amount

Minimum Specified Amount - [\$45,000]

## Surrenders

Partial Surrender Charge - [\$25]

Surrender Charge Period - [19] Years

Minimum Cash Surrender Value After Partial Surrender - [\$250.00]

## POLICY SCHEDULE

(Continued)

|   |
|---|
| <b>Table of Surrender Charges per \$1,000 of Initial Specified Amount</b> |
|---|

| Year of Surrender | Surrender Charge per \$1,000 | Year of Surrender | Surrender Charge per \$1,000 |
|-------------------|------------------------------|-------------------|------------------------------|
| [1                | [\$19.52]                    | [11               | [\$16.14]                    |
| 2                 | [ 19.37]                     | 12                | [ 14.34]                     |
| 3                 | [ 19.22]                     | 13                | [ 12.55]                     |
| 4                 | [ 19.05]                     | 14                | [ 10.76]                     |
| 5                 | [ 18.88]                     | 15                | [ 8.97]                      |
| 6                 | [ 18.70]                     | 16                | [ 7.17]                      |
| 7                 | [ 18.52]                     | 17                | [ 5.38]                      |
| 8                 | [ 18.33]                     | 18                | [ 3.59]                      |
| 9                 | [ 18.13]                     | 19                | [ 1.79]                      |
| 10]               | [ 17.93]                     | 20+]              | [ 0.00]                      |

The above charges apply to each \$1,000 of the Initial Specified Amount surrendered during the Surrender Charge Period. The charge for Surrender of all or any portion of the Initial Specified Amount will be equal to the rate shown above multiplied by the number of thousands of the Initial Specified Amount being surrendered. There will be a charge not to exceed the Partial Surrender Charge shown in the Surrenders section above for each Partial Surrender.

|                        |
|------------------------|
| <b>Mortality Table</b> |
|------------------------|

2001 Commissioners Standard Ordinary Male or Female, Composite ALB Mortality Table to Attained Age 19. Thereafter, the 2001 Commissioners Standard Ordinary Male or Female, Smoker or Nonsmoker ALB Mortality Table will apply.

|                                 |
|---------------------------------|
| <b>Guaranteed Interest Rate</b> |
|---------------------------------|

**Guaranteed Interest Rate** - 0.16516% per month, compounded monthly

(This is equivalent to 2% per year, compounded annually.)

|              |
|--------------|
| <b>Loans</b> |
|--------------|

**Annual Policy Loan Interest Rate** - 8.00%

**Preferred Loan Start Date** - [10<sup>th</sup> Policy Anniversary]

|                                    |
|------------------------------------|
| <b>Accumulation Value Interest</b> |
|------------------------------------|

Interest at the rate declared by Us will be applied to any Accumulation Value in excess of any Loan Balance. Interest at the guaranteed rate will be credited to the amount of any outstanding Loan Balance less any Preferred Loan Balance. Interest at a rate declared by Us will be credited to the amount of any outstanding Preferred Loan Balance.

## POLICY SCHEDULE

(Continued)

|  |
|--|
| <b>Continuation Guarantee Accounts</b> |
|--|

| <b>Continuation Guarantee Account</b> | <b>Account Interest Rate</b> |
|---------------------------------------|------------------------------|
| CG Account 1                          | [6.40%]                      |
| CG Account 2                          | [6.20%]                      |
| CG Account 3                          | [2.00%]                      |

**Continuation Guarantee Premium Expense Charge Percentage:**

**Premium Expense Charge Percentage Applied to  
Cumulative Premium Amount Paid in a Policy Year  
Which is Less Than or Equal to Referenced Premium** - [7.50%]

**Premium Expense Charge Percentage Applied to  
Cumulative Premium Amount Paid in a Policy  
Year Which is Greater Than Referenced Premium** - [30.00%]

**Continuation Guarantee Death Benefit Factor** - [1.02466]  
**Continuation Guarantee Monthly Expense Charge** - [\$30.00]  
**Continuation Guarantee Monthly Expense Charge Duration Period** - [All Policy Years]  
**Continuation Guarantee Monthly Administrative Fee** - [\$20.00]

|                      |
|----------------------|
| <b>Maturity Date</b> |
|----------------------|

[April 1, 2098]

|  |
|--|
| <p>Coverage may expire prior to the Maturity Date shown where either (1) no additional premiums are paid following payment of the Initial Premium or (2) subsequent premiums are insufficient to continue coverage to maturity and the requirements of the Continuation Guarantee have not been met. The duration of coverage will depend on the amount, timing and frequency of premium payments, the interest rate credited, cost of insurance charges, any loans or withdrawals, acceptance of benefits under an accelerated death benefit rider attached to this Policy and policy decreases. If coverage continues to maturity, it is possible that there may be little or no Cash Surrender Value to be paid on that date.</p> |
|--|

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# POLICY SCHEDULE

## Schedule of Benefits

### BASIC POLICY

### Years Payable

### Monthly Cost of Insurance

Flexible Premium Adjustable Life Insurance

[86]

See Page 25

\* The rates shown on Pages 21, 22 and 25 are to be modified, as follows:

-- add \$0.42 to each rate for two Policy Years

## Schedule of Premiums & Expense Charges

Premium Class - [Standard – Non-Tobacco]

Initial Premium - [\$1,101.60]

Planned Periodic Premium - [\$1,101.60]

Due Date (for Planned Periodic Premium) - [1<sup>st</sup> Day of Each April]

Deduction Day - [1<sup>st</sup>] Day of Each Month

Referenced Premium - [\$825.00]

|  | Guaranteed         | Initial  |
|--|--------------------|----------|
| Premium Expense Charge Percentage Applied to Cumulative Premium Amount Paid in a Policy Year Which is Less Than or Equal to Referenced Premium - | [10.00%]           | [7.50%]  |
| Premium Expense Charge Percentage Applied to Cumulative Premium Amount Paid in a Policy Year Which is Greater Than Referenced Premium -          | [10.00%]           | [7.50%]  |
| Monthly Administration Fee -   | [\$20.00]          | [\$7.70] |
| Monthly Expense Charge Rate Per \$1,000 of Initial Specified Amount -  | [\$0.30]           | [\$0.30] |
| Monthly Expense Charge Duration -  | [All Policy Years] |          |

## Decreases in Specified Amount

Minimum Specified Amount - [\$45,000]

## Surrenders

Partial Surrender Charge - [\$25]

Surrender Charge Period - [19] Years

Minimum Cash Surrender Value After Partial Surrender - [\$250.00]



## POLICY SCHEDULE

(Continued)

|   |
|---|
| <b>Table of Surrender Charges per \$1,000 of Initial Specified Amount</b> |
|---|

| Year of Surrender | Surrender Charge per \$1,000 | Year of Surrender | Surrender Charge per \$1,000 |
|-------------------|------------------------------|-------------------|------------------------------|
| [1                | [\$19.52]                    | [11               | [\$16.14]                    |
| 2                 | [ 19.37]                     | 12                | [ 14.34]                     |
| 3                 | [ 19.22]                     | 13                | [ 12.55]                     |
| 4                 | [ 19.05]                     | 14                | [ 10.76]                     |
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| 6                 | [ 18.70]                     | 16                | [ 7.17]                      |
| 7                 | [ 18.52]                     | 17                | [ 5.38]                      |
| 8                 | [ 18.33]                     | 18                | [ 3.59]                      |
| 9                 | [ 18.13]                     | 19                | [ 1.79]                      |
| 10]               | [ 17.93]                     | 20+]              | [ 0.00]                      |

The above charges apply to each \$1,000 of the Initial Specified Amount surrendered during the Surrender Charge Period. The charge for Surrender of all or any portion of the Initial Specified Amount will be equal to the rate shown above multiplied by the number of thousands of the Initial Specified Amount being surrendered. There will be a charge not to exceed the Partial Surrender Charge shown in the Surrenders section above for each Partial Surrender.

|                        |
|------------------------|
| <b>Mortality Table</b> |
|------------------------|

2001 Commissioners Standard Ordinary Male or Female, Composite ALB Mortality Table to Attained Age 19. Thereafter, the 2001 Commissioners Standard Ordinary Male or Female, Smoker or Nonsmoker ALB Mortality Table will apply.

|                                 |
|---------------------------------|
| <b>Guaranteed Interest Rate</b> |
|---------------------------------|

**Guaranteed Interest Rate** - 0.16516% per month, compounded monthly

(This is equivalent to 2% per year, compounded annually.)

|              |
|--------------|
| <b>Loans</b> |
|--------------|

**Annual Policy Loan Interest Rate** - 8.00%

**Preferred Loan Start Date** - [10<sup>th</sup> Policy Anniversary]

|                                    |
|------------------------------------|
| <b>Accumulation Value Interest</b> |
|------------------------------------|

Interest at the rate declared by Us will be applied to any Accumulation Value in excess of any Loan Balance. Interest at the guaranteed rate will be credited to the amount of any outstanding Loan Balance less any Preferred Loan Balance. Interest at a rate declared by Us will be credited to the amount of any outstanding Preferred Loan Balance.

## POLICY SCHEDULE

(Continued)

|  |
|--|
| <b>Continuation Guarantee Accounts</b> |
|--|

| Continuation Guarantee Account | Account Interest Rate |
|--------------------------------|-----------------------|
| CG Account 1                   | [6.40%]               |
| CG Account 2                   | [6.20%]               |
| CG Account 3                   | [2.00%]               |

**Continuation Guarantee Premium Expense Charge Percentage:**

**Premium Expense Charge Percentage Applied to  
Cumulative Premium Amount Paid in a Policy Year  
Which is Less Than or Equal to Referenced Premium** - [7.50%]

**Premium Expense Charge Percentage Applied to  
Cumulative Premium Amount Paid in a Policy  
Year Which is Greater Than Referenced Premium** - [30.00%]

**Continuation Guarantee Death Benefit Factor** - [1.0024663]  
**Continuation Guarantee Monthly Expense Charge** - [\$30.00]  
**Continuation Guarantee Monthly Expense Charge Duration Period** - [All Policy Years]  
**Continuation Guarantee Monthly Administrative Fee** - [\$20.00]

|                      |
|----------------------|
| <b>Maturity Date</b> |
|----------------------|

[April 1, 2098]

|   |
|---|
| Coverage may expire prior to the Maturity Date shown where either (1) no additional premiums are paid following payment of the Initial Premium or (2) subsequent premiums are insufficient to continue coverage to maturity and the requirements of the Continuation Guarantee have not been met. The duration of coverage will depend on the amount, timing and frequency of premium payments, the interest rate credited, cost of insurance charges, any loans or withdrawals, acceptance of benefits under an accelerated death benefit rider attached to this Policy and policy decreases. If coverage continues to maturity, it is possible that there may be little or no Cash Surrender Value to be paid on that date. |
|---|

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American General Life and Accident Insurance Company

AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY

ARKANSAS CERTIFICATION

Subject: AGLA 12UCG Flexible Premium Adjustable Life Insurance Policy

I certify, as an officer and qualified actuary of American General Life and Accident Insurance Company, that I have reviewed Rule and Regulation 34 and that, to the best of my knowledge and belief, the subject policy form AGLA 12UCG and its supporting actuarial material comply with Rule and Regulation 34.

I further certify that the reserves shall not be less than the actual Cash Values provided for under policy form AGLA 12UCG.

A handwritten signature in cursive script that reads "Grace D. Harvey".

Grace D. Harvey, ASA, MAAA  
Vice President and Actuary

DATE: April 16, 2012